DOCUMENT RESUME

ED 053 283 VT 010 929

AUTHOR	Razik, Taher A.
TITLE	The Design, Execution, and Evaluation of a Recruitment and Public Education Program in Rehabilitation Counseling. Final Report.
INSTITUTION	State Univ. of New York, Buffalo.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C.
PUB DATE	May 69
NOTE	177p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$6.58
DESCRIPTORS	College Students, Control Groups, Demonstration Projects, *Educational Programs, Experimental Groups, *Films, Graduate Students, *Program Evaluation, *Recruitment, *Rehabilitation Counseling, Tables (Data)

ABSTRACT

The purpose of this project was to design, execute, and evaluate a film to be used as a public education program in rehabilitation counseling. The film "Will It Be You?" was produced to interest undergraduate students in a career in rehabilitation counseling and to inform the general public of the goals and services of rehabilitation counseling. Thirty-nine members of the American Counseling Association and 35 graduate students at the State University of New York at Buffalo evaluated the film and found that it stimulated interest in rehabilitation counseling. Two instruments were designed to measure the cognitive and affective impact of the film. Results of the test showed that the experimental group expressed a more positive attitude toward rehabilitation counseling and the disabled than did the control group. Sex appeared to be an important factor in attitudes expressed. Female subjects expressed more enlightened attitudes than did male subjects. (BC)

ED053283

147

FINAL REPORT

PROJECT NO. RD-1981-G-67-C1

THE DESIGN, EXECUTION AND EVALUATION OF A RECRUITMENT AND PUBLIC EDUCATION PROGRAM IN REHABILITATION COUNSELING

U.S. DEPARTMENT OF HEALTH, EDUCATION
& WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

MAY 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL REHABILITATION SERVICE
OFFICE OF RESEARCH, DEMONSTRATION AND TRAINING
DIVISION OF RESEARCH AND DEMONSTRATION

VT010929

BRIEF

The purpose of Project No. RD-1981-G-67-C1 was the design, execution, and evaluation of a recruitment and public education program in rehabilitation counseling. The project was developed in two steps as follows:

1. The production of the film, "Will It Be You?" The film has two objectives:
   a. To interest individuals, primarily undergraduate students, in pursuing a career in rehabilitation counseling; and.
   b. To inform the general public of the goals and services of the rehabilitation counseling profession.
2. The evaluation of the effect of the film on potential candidates and the general public.

The evaluation of the film, "Will It Be You?" was carried out in three phases. The first phase of the evaluation involved the assessment of the film by professionals in rehabilitation counseling and graduate students. The purpose of the second phase was to evaluate the cognitive and affective impact of the film on those subjects for whom the film might serve as a recruitment device. The third phase was an attempt to evaluate the film's effect on students' vocational choices.

Implications for Action

A review of the above three phases of the film evaluation leads to the conclusion that the film's two major objectives were successfully met. That is, 1) the film apparently stimulates undergraduate student interest in pursuing a career in rehabilitation counseling; and 2) the results indicate that the film is a good medium for providing information about rehabilitation counseling to the public in general.

In addition to the intended use of the film as a recruitment and public information device, the film might also be used to modify stereotypes and generate more positive attitudes toward the disabled people and those who help them. The film could also be used to help orient clients and graduate students about the nature of the rehabilitation process. Furthermore, it might be used in motivating prospective clients to utilize the resources of rehabilitation counseling or to orientate new clients to the services of an agency or a center. These uses of the film could affectively assist the counselor in preparing his clients for the rehabilitation counseling process.

It should also be noted that females seem to view the profession of rehabilitation counseling more positively than males, and therefore, may be a logical source for the recruiting of future counselors.

Findings

Phase I. Thirty-nine members of the American Counseling Association who attended the 1968 annual convention and thirty-five graduate students enrolled in the rehabilitation counseling program at the State University of New York at Buffalo evaluated the film in respect to its technical excellence, as an informative medium for the general public, and as a recruiting device for the profession. Both groups rated the film high in its technical aspects and in its ability to transmit information about the profession to the general public. The students to a high degree and the professionals to a lesser degree felt the film was effective as a recruiting medium. When asked as to whether or not they would use this film, 85 per cent of the professional group and 97 percent of the student group stated they would.

Phase II. To assess the cognitive and affective impact of the film, two instruments were developed: on the cognitive level, 20 items were constructed to measure the knowledge conveyed in the film. On the affective level, a semantic differential type attitude inventory instrument was designed to assess the feelings toward rehabilitation counseling and the disabled persons. Sixty-one high school students and 507 college students were used as subjects. An experimental group of 321 students were shown the film and then administered the two instruments. A control group of 247 students completed the instruments before seeing the film. Data were analyzed by treatment group, sex, and educational level, using analysis of variance.

On the cognitive level, the experimental group scored significantly higher than the control group, and there was a significant difference on the .0001 level of confidence. College juniors and seniors scored higher on the cognitive instrument than did the high school students. No difference was found between the sexes on this instrument.

Results of the affective instrument showed that subjects in the experimental group expressed a more positive attitude toward rehabilitation counseling and the disabled than did the control group. It was also determined that sex was an important factor on attitudes toward rehabilitation counseling and the disabled. Female subjects expressed more enlightened attitudes than did male subjects about the disabled. Also, more so than men, women regarded rehabilitation counseling as professional, interesting, an occupation they would pursue, challenging, and rewarding. No relationship between educational level and feelings toward rehabilitation counseling and the disabled was discernable from the data collected.

Phase III. The same 321 subjects of the experimental group and the 247 of the control group of Phase II were used in this phase of the evaluation. Both experimental and control subjects were asked to rank lists of occupations in order of their own preference for the occupation. The occupations included rehabilitation counselor and clinical psychologist. It was felt that if the film had an impact on vocational choice, the experimental group would rank the rehabilitation counselor and clinical psychologist higher than would the control subjects. This hypothesis was only partially verified in that clinical psychologist was ranked higher by the experimental group, but rehabilitation counselor was not. It was also found that females preferred social occupations more than males and subjects majoring in social areas preferred social occupations more than did subjects majoring in non-social areas. It was concluded that the film had some impact on helping viewers to be more favorably disposed toward social occupations.

THE DESIGN, EXECUTION AND EVALUATION OF A RECRUITMENT AND PUBLIC EDUCATION PROGRAM IN REHABILITATION COUNSELING

Project No. RD-1981-G-67-C1

Taher A. Razik

May 1969

This investigation was supported, in part, by Research Grant No. RD-1981-G-67-C1 from the Division of Research and Demonstration Grants, Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D. C. 20201.

State University of New York at Buffalo

Buffalo, New York

TABLE OF CONTENTS

Page

Abstract ii

Significant Findings iii

Acknowledgments v

Part I--Film Production

Chapter I--Background Information 1

Chapter II--Introduction 3

Part II--Film Evaluation

Chapter III

Phase I--Preliminary Reactions of Professional and Graduate Student Counselors 7

Phase II--Evaluation of the Effectiveness of the Film Upon the Cognitive and Affective Domains 18

Phase III--Influence of the Film on Vocational Choice 40

Summary 45

Conclusions and Implications 47

References 49

Tables

1 Means and Standard Deviations of Cognitive Test Scores for Independent Variables 23

2 Analysis of Variance of Cognitive Test Scores 24

3 Experimental and Control Group Means and Standard Deviations for Affective Scale I (Rehabilitation Counseling) 25

4 Analysis of Variance of Experimental and Control Groups for Affective Scale I (Rehabilitation Counseling) 26

5 Male and Female Group Means and Standard Deviations for Affective Scale I (Rehabilitation Counseling) 28

6 Analysis of Variance by Sex for the Affective Scale I (Rehabilitation Counseling) 29

7 Education (College Upper, College Lower, and High School) Group Means and Standard Deviations for Affective Scale I (Rehabilitation Counseling) 30

8 Analysis of Variance of Education (College Upper, College Lower and High School) for Affective Scale I (Rehabilitation Counseling) . 31

9 Experimental and Control Group Means and Standard Deviations for Affective Scale II (The Disabled) 33

10 Analysis of Variance of Experimental and Control Groups for Affective Scale II (The Disabled) 34

TABLE OF CONTENTS (continued)

Tables

Page

11 Male and Female Group Means and Standard Deviations for Affective Scale II (The Disabled) 35

12 Analysis of Variance by Sex for Affective Scale II (The Disabled) . 36

13 Education (College Upper, College Lower, and High School) Group Means and Standard Deviations for Affective Scale II (The Disabled) 37

14 Analysis of Variance by Educational Level (College Upper, College Lower, and High School) for Affective Scale II (The Disabled). . . 38

15 Separate and Combined Mean Rankings of Two Social Occupational Choices Relative to Non-Social Choices 42

16 Results of Multivariate ANOVA for Mean Combined Rankings of Social Occupational Choices Relative to Non-Social Choices . . . 43

Appendices

A "Will It Be You?" Film Script 50

B Preliminary Reactions of:

Professionals 75

Students 80

C Group Discussion and Reactions of Undergraduate Students to the Film

1--Freshmen 84

2--Seniors 98

D Form 1--Cognitive Scale. 116

Form 2--Affective Scale 123

A. Impression About Rehabilitation 125

B. Impression About the Disabled Person 126

E Analysis of Variance--Affective

1. Scale I--Impression About Rehabilitation Counseling 127

2. Scale II--Impression About the Disabled Person 143

F Influence of the Film on Vocational Choice

Questionnaire. 165

ABSTRACT

The purpose of this project was the design, execution, and evaluation of a recruitment and public education program in rehabilitation counseling. The project was developed in two steps as follows:

1.) The production of the film, "Will It Be You?" The film has a two-fold objective: a) to interest individuals, primarily undergraduate students in pursuing a career in rehabilitation counseling; and b) to inform the general public of the goals and services of the rehabilitation counseling profession.

2) The evaluation of the effect of the film on potential recruitment candidates and the general public.

Three assessment phases were conducted to evaluate the film. In Phase I, 39 professional rehabilitation counselors and 35 graduate students felt the film was technically sound and served as a useful medium to convey information about the profession to the public. In Phase II, 568 college and high school students were used to measure the film's cognitive and affective impact. It was found that students having seen the film knew significantly more about the profession and had more positive attitudes toward the profession than did students who had not seen the film. In Phase III, the subjects used in Phase II were used to assess the film's effect on students' vocational choices. Little consistent effect on vocational choice was found. It was concluded that in general the film's objectives of serving as an information medium to the public and promoting acceptance of the profession were met.

SIGNIFICANT FINDINGS

A review of the three phases of film evaluation (especially the major evaluative section--Phase II) leads to the conclusion that the film's two major objectives were successfully met. That is, 1.) results indicated that the film is a good medium for providing information about rehabilitation counseling to the public in general and to students in particular; and 2.) the film apparently helps those viewing it to generate more positive attitudes about disabled people and those that help them. Furthermore, based on the results and process of evaluating the film, some implications and suggestions for the film's use emerge.

Implication of results on the cognitive scale:

The evaluation showed that those who viewed the film exhibited significantly more knowledge about rehabilitation counseling and disabled persons than those who had not seen the film as indicated by the significant differences between the Experimental and Control groups at the .0001 level of confidence.

The positive effect of viewing the film was reflected in the scores on the cognitive scales, particularly at the junior and senior college levels. These results supported the major objective of the film as a recruitment device. While scores on the cognitive test increased with educational level, it is apparent that the film is just as effective with high school students as it is with college students.

Also 39 professional rehabilitation counselors and 35 graduate students felt the film was technically sound and served as a useful medium to convey information.

In addition to the intended use of the film as a recruitment and public information device, the film might also be used to help orient clients and graduate students about the nature of the rehabilitation process. Furthermore, the film might be used in motivating prospective clients to utilize the resources of rehabilitation counseling or to orientate new clients to the services of an agency or a center. These uses of the film could effectively aid the counselor in preparing clients for the rehabilitation counseling process. This presents an interesting possibility of studying the effect of the film on the development of the client's readiness for service.

Implication of results of the affective scales:

In each of the two affective scales many items did not show significant differences between treatment groups. However, there were ten items on the two scales which did show significant differences. A review of these items indicates that the film seems to be effective in modifying stereotypes and producing more positive reactions toward rehabilitation counseling and disabled persons. In view of these results, recruiters may want to concentrate discussions following the film on these items showing significant differences between experimental and control groups.

In general, women seem to view the profession more positively than men. Although it is difficult to infer any conclusions from this, it is an interesting finding in light of the fact that women comprise only about one-fourth of the profession. This points out again that women in general are more oriented toward helping professions and therefore it would seem to be a logical source for recruiting of future counselors.

ACKNOWLEDGMENTS

Reports have to be written and circumstances have dictated that this one be done by an individual. The study reported here is the work of many persons.

Marceline E. Jaques, Professor and Director of Rehabilitation Counseling, State University of New York at Buffalo, Principal Consultant to this project, and the writer spent two or more years in the cooperative development and direction of this study.

We are indebted to John F. McGowan, Dean, University Extension Division, University of Missouri; John E. Muthard, Professor, College of Education, University of Florida; J. Warren Perry, Dean of School of Health Related Professions, State University of New York at Buffalo; and Allen Kuntz, Executive Administrator, Students Affairs and Instructional Services, State University of New York at Buffalo for their vision and encouragement to improve the basic ideas included in the film. Their critical review helped to find newer and better ways to provide answers to the many unsolved issues in the rehabilitation field.

Our thanks also go to the following members of the Advisory Committee: Kenneth Barnes, Division of Vocational Rehabilitation, Maryland State; Morton Bregman, Vocational Rehabilitation Center, Allegheny County, Pennsylvania; Richard Morris, Iowa Division of Vocational Rehabilitation; and Stanley Smits, Rehabilitation Counseling, Indiana University.

It should be noted that the quality of the film production resulted from the contribution of Zebulon Pike and the cooperation of Holland-Wegman Productions, Inc.

The technical advise of Robert Wagner, Professor and Chairman of the Department of Photography and Cinema, Ohio State University, and William Bluem, Associate Professor, Syracuse University, was a major factor in developing the film.

A study of the magnitude of the one described in the evaluation phase of this project requires cooperation and participation from many individuals and agencies. The project director wishes to express special appreciation to Thomas Frantz, Assistant Professor, Department of Counselor Education, Faculty of Educational Studies, State University of New York at Buffalo; Gary Cooley, Office of Institutional Research, State University of New York, Albany, for invaluable assistance in the instrument construction and analysis of data. Also, Eugene Gaier, Professor of Educational Psychology, State University of New York at Buffalo; Barbara Hummel and Frank Sieka, who helped in developing the instrument items; the hundreds of college and high school students in Western

New York who each devoted the time in responding to the questionnaires and viewing the film; Lee DeNike for helping compile this report; Lester Elise, and Kenneth Heintz for administering the battery of instruments; Ginger Moronski for typing this manuscript; and Loretta Kaye for assistance in preparing the first and second chapters of this report.

Special appreciation goes to Marie Speder, who contributed substantially to the administrative matters of this project and in preparation of fiscal reports.

May 1969

Chapter I

Background Information

In 1966, the State University of New York at Buffalo officially undertook the responsibility for designing, producing, and evaluating a recruitment and public education film on rehabilitation counseling (Research Project RD-1981-G-66). The project was to be completed within a two-year period, with extensions as approved.

Originally the project was undertaken by the Department of University Relations. However, on March 1, 1966, after a shift in departmental personnel, the new administration decided that the Instructional Communication Center would be the University Division most appropriate in terms of professional staff and facilities for the design and execution of the project. Consequently, on April 19, 1966, the Director of the Instructional Communication Center was appointed Project Director.

The script development and the technical aspects of film production were handled by Holland-Wegman Productions, Inc., Buffalo, New York. This company produces commercial and educational films as well as filmed commercials for television. Zebulon Pike, Holland-Wegman's senior writer-director, was assigned to develop the film format and script. He was assisted by a consultant group and an advisory committee.

The consultant group consisted of professionals in rehabilitation counseling, film production, research design, and measurement and evaluation. This group included:

Dr. Marceline E. Jaques (Principal Consultant)
Professor and Director of Rehabilitation Counseling
State University of New York at Buffalo

Dr. John F. McGowan
Dean, University Extension Division
University of Missouri

Dr. John E. Muthard
Professor, College of Education
University of Florida

Dr. J. Warren Perry
Dean, School of Health Related Professions
State University of New York at Buffalo

Dr. Robert W. Wagner
Chairman, Department of Photography and Cinema
Ohio State University

Dr. A. William Bluem
Associate Professor, Newhouse Communications
Center
Syracuse University

Dr. Allen H. Kuntz
Executive Administrator, Student Affairs
and Instructional Services
State University of New York at Buffalo

The individuals who served on the advisory committee were selected on the basis that they represented the State and local levels of rehabilitation counseling. The committee consisted of the following members:

Mr. Kenneth Barnes
Assistant State Superintendent in
Vocational Rehabilitation
Maryland State Department of Education
Division of Vocational Rehabilitation

Mr. Morton H. Bregman
Coordinator of Professional Services
Vocational Rehabilitation Center of
Allegheny County, Pennsylvania

Mr. Richard A. Morris
District Supervisor
Iowa Division of Vocational Rehabilitation

Dr. Stanley J. Smits
Director, Rehabilitation Counseling
Training Program
Indiana University

Chapter II

Introduction

Several studies in recent years have clearly established that a personnel crisis exists in rehabilitation counseling and is national in scope. The manpower shortage has not only affected the State and local offices of the Vocational Rehabilitation Services but is evident in many private agencies, hospitals, and rehabilitation centers.

The "Rehabilitation Counselor Recruitment Study" (Smits, 1964) cited the need for 400 trainees per year in public rehabilitation agencies, and estimated by the 1970's, recruitment must not only provide 2,200 new rehabilitation counselors but it must continue to replace those individuals who terminate each year.

The Vocational Rehabilitation Administration, now Social Rehabilitation Service (S. R. S.), estimated that due to changes in the level of legislative authorizations, even greater numbers of individuals will be required just to fill present and anticipated vacancies in State rehabilitation agencies alone. According to Administration calculations, if the combined manpower shortage existing in both public and private agencies were considered, the total manpower requirements would be more than double the current estimates.

This project was initiated as a result of the conclusion reached in the "Rehabilitation Counselor Recruitment Study" that the serious shortage of qualified personnel is primarily due to lack of knowledge concerning rehabilitation counseling as a career, and the opportunities that exist for graduate training in this area. Assuming that this conclusion is valid, the most logical solution would be to develop a communication package designed to alleviate the lack of public knowledge about rehabilitation counseling. This constitutes the problem to which the project addressed itself.

Purpose

The purpose of this project was the design, execution, and evaluation of a recruitment and public education program in rehabilitation counseling. The program was to have a two-fold objective: 1) to interest individuals, primarily undergraduate students, in pursuing careers in rehabilitation counseling; and 2) to inform the general public of the goals and services of the rehabilitation counseling profession.

To fulfill the requirement for appealing to many levels of audience interest, it was proposed to design a communication package which would include the following:

1. Preparation of a professional documentary film of commercial network quality, suitable for viewing by college students, community groups, the television public, and as an orientation for new counselors.
2. Formulation of a promotion kit which would give instructions and suggestions for optimum use of the film as a recruitment and public education tool. This would encourage active participation by rehabilitation directors and educators at the local level.
3. Provision for an evaluation of the effect of the film on potential recruitment candidates, the general public, and the profession itself. This would provide the S. R. S. with specific data to measure the influence of this approach. It would pinpoint weak spots, recruitment improvements, and give a reasonably sound indication of the magnitude of the recruitment effort necessary to fill the increasing need for counselors.

Film Justification

The primary criteria for selection of the communication instrument to be used in the program was its ability to meet the two-fold objective of the project. Thus the instrument had to be one which was appropriate both for recruitment purposes and for public education. The film medium was selected because of its superior potential for effectively serving both purposes. No other medium possesses the combined qualities of: adaptability to a wide range of types of audiences; the capability of motivating and informing through dramatic and emotional appeal; the tremendous flexibility in terms of appropriate group size, from individual viewing to vast audiences via television; as well as relatively low cost in terms of materials and equipment.

Rationale for the Film

The main target population, that is, persons accessible for recruitment into rehabilitation counseling, was defined as: university and college undergraduate students majoring in education, liberal arts, and social and behavorial sciences; junior college and community college students; and high school seniors.

It was assumed that the target population would have little, if any, knowledge of rehabilitation counseling as a profession and the employment opportunities which exist for trained personnel. The film, therefore, would have to introduce the basic philosophy and the professional aspects of rehabilitation counseling, as well as create favorable attitudes toward the profession. In order to achieve these goals, it was necessary for the film content to appeal to the audience on both the affective and cognitive levels.

Appealing to the affective domain would serve primarily to stimulate audience interest and set a positive mood toward the counselor and his role. Appealing to the cognitive domain would serve to present rehabilitation counseling as a challenging profession and, thereby, encourage higher caliber individuals to enter the field.

To accomplish this, the film was structured in three basic parts: prologue, main body, and epilogue. The progolue and epilogue are directed primarily to the affective domain, and the main body of the film to the cognitive domain. The prologue consists of abstract visuals and sound with a poetic narration to introduce the general problem of disability and rehabilitation. The main body of the film presents the role and function of the rehabilitation counselor in different professional dimensions. This is accomplished through a realistic portrayal of three counseling situations, with stress placed upon the intellectually challenging aspects of the counselor's role. The epilogue relates the need for trained professionals in rehabilitation counseling and encourages students to investigate the opportunities which exist in the field. (A copy of the film script is included in Appendix A.)

Technical Description of the Film

The film is in color with black-and-white segments, and has a running time of 28 minutes. Segments were filmed in black-and-white to add realism to the three counseling situations and to emphasize the role of the counselor in rehabilitation.

Film Rental and Purchase Information

The film is available in 16mm for large group instruction, and in Super/8mm for individual viewing. The Super/8mm with the Jayark Projector will be sent as a package for individual previewing.

The film can be obtained from:

The Media Library
Instructional Communication Center
State University of New York at Buffalo
Buffalo, New York 14214

Costs for the film are as follows:

Rental, 16mm.	$ 5.00
Rental, Super/8mm with projector	15.00
*Rental, Promotion Kit	25.00
Purchase, 16mm	125.00
Purchase, Super/8mm	125.00

*Promotion kit, which contains 16mm film, Super/8mm film, and 8mm projector, is available upon request.

Film Evaluation

The evaluation of the effectiveness of the film is divided into three Phases as follows:

Phase I	Preliminary reactions of professionals and graduate student counselors
Phase II	Evaluation of the effectiveness of the film upon the cognitive and affective domains
Phase III	Influence of the film on vocational choice

Chapter III

Phase I

PRELIMINARY REACTIONS OF PROFESSIONALS AND GRADUATE STUDENT COUNSELORS

The effectiveness of a film in promoting acceptance of rehabilitation counseling as a profession and as an informative medium for the general public is contingent upon the accuracy of the film's portrayal of that profession. As a prologue to the formal evaluation, therefore, an assessment of the film was sought from individuals within the profession.

A post-hoc analysis is obviously limited since critical comments cannot be incorporated into the film. Perhaps, a more meaningful approach would have been to obtain comments on the script prior to filming. Nevertheless, it was thought that a post-hoc evaluation by a small sample of members from the profession would be a meaningful supplement to the final report.

In an attempt to determine the accuracy of the film in relation to the profession, an open-ended questionnaire was constructed to assess two general aspects: 1) the technical construction of the film such as the continuity, narration, sound, music etc.; and 2) the film's description of the profession of rehabilitation counseling and some of the possible activities of a rehabilitation counselor.

Since the objective of this preliminary evaluation was to obtain affective reactions to the film rather than a formal experimental evaluation, two groups were selected to view the film. Immediately after viewing, a questionnaire was distributed with informal instructions asking for the cooperation of the participants in providing their responses.

Group one was comprised of 39 members of the American Rehabilitation Counseling Association who were attending the 1968 annual meeting of the American Personnel and Guidance Association. A brief demographic description of this group is provided on pages 16-17.

Group two consisted of 35 graduates enrolled in a rehabilitation counseling program at the State University of New York at Buffalo.

With regard to the technical construction of the film the majority of both groups gave favorable responses. The narrative, abstract visuals, music, and continuity were evaluated as appropriate: however, 20 percent of both groups indicated occasional attention failure in certain segments of the film.

About midway through the film--at that point where the historical perspective and basic philosophy have concluded--the format changes from color to black and white to emphasize the change from a narrative story to the reality of the day-to-day activities of a rehabilitation counselor. Over half of the respondents, however, did not think that this attempt was effective.

There also appeared to be some concern as to the appropriateness of the film for commercial television and whether or not the style of the film would continue to be appropriate in future years.

From a technical viewpoint, then, and in consideration of the above comments, it would appear as if the film has met the major objectives which had been established.

The results concerning the film's portrayal of rehabilitation counseling as a profession and its illustrative examples of some typical activities of a rehabilitation counselor were considerably more variable.

Substantial agreement was reported regarding the basic philosophy and importance of rehabilitation counseling as a profession. Thirty percent, however, thought the prologue overemphasized the position that disability is a product of chance. The film's objective to appeal to widely different audiences with various educational backgrounds met with consensus approval.

A significant proportion of both groups thought the film did not impart enough information about the field and also raised questions which were not answered.

Other critical responses gave indication that the film should have presented a wider range of disabilities such as greater emphasis on the rehabilitation of the culturally disadvantaged.

One-third of the respondents stated that the film should have imparted information concerning expected salary ranges. Such information was not included, however, since salaries are subject to rapid changes and would thus date the film unnecessarily.

From the comments concerning the typical activities of a counselor, there was indication that the activities appeared too structured and rather limited in their portrayal of the satisfactions accrued from being a rehabilitation counselor. Furthermore, over one-half of the respondents thought that greater emphasis should have been placed on the academic preparation and requirements that are prerequisites for entry and advancement in the profession.

Congruent with the previous criticism that the film should have presented a wider range of disabilities, one-fourth of the respondents thought that the film concentrated too extensively on the activities of vocational placement.

When polled as to whether or not they would use this film, 85 percent of the professional group and 97 percent of the student group stated they would. Although 36 percent did not state their reasons why they would use the film, the results from those who did were most informative.

Contrary to the stated objectives of the project, the professional group would use the film for its orientation, community education, and effective attention getting qualities. They did not perceive the film as a primary recruiting medium. On the other hand, the student group perceived the film equally as an effective orientation medium and as a recruiting tool.

Assuming that the two groups are somewhat representative of the target population, the overall responses to the film were, in general, favorable. The results suggest that the first major objective, that of creating an informative medium for the general public, was achieved. Although the two groups were divided with regard to the attainment of the second objective--that of creating a recruitment medium--it is interesting to note that the student group, a group which had most recently been attracted to the profession, did perceive the film as an effective recruitment tool.

The above comments should be considered descriptive in nature and are based on an informal analysis of a questionnaire (see Appendix B) administered to professionals and graduate student counselors. The results of this informal analysis are outlined below. The films actual impact in both cognitive and affective domain will be more fully assessed in the following section.

1) To what extent does the movies philosophy of rehabilitation counseling agree with yours?

Possible Responses:

A. A great extent, I agree with all the major points.
B. Not perfectly, there are several points of contention
C. I agree with most of the film.
D. I disagree with many aspects of the film.
E. Very little, I disagree with most of the film.

Professional Group			Student Group		
A.	24	61.54%	A.	16	45.71%
B.	6	15.38	B.	7	20.00
C.	9	23.08	C.	12	34.29
D.	0	0.00	D.	0	0.00
E.	0	0.00	E.	0	0.00
	39			35	

2) Does the film clearly explain why rehabilitation counseling is important?

Professional Group			Student Group		
Yes	35	89.74%	Yes	33	94.30%
No	3	7.69	No	1	2.85
No Response	1	2.57	No Response	1	2.85
	39			35	

3) Concerning the nature of the rehabilitation counselor's tasks,

A. Are they described explicitly enough?

Professional Group			Student Group		
Yes	29	74.36%	Yes	31	88.57%
No	8	20.51	No	4	11.43
No Response	2	5.13	No Response	0	0.00
	39			35	

B. Is their theoretical foundation explained sufficiently (for proposed audiences)?

Professional Group			Student Group		
Yes	30	76.92%	Yes	31	88.57%
No	8	20.51	No	4	11.43
No Response	1	2.57	No Response	0	0.00
	39			35	

C. Do they seem structured?

Professional Group			Student Group		
Yes	22	56.41%	Yes	28	80.00%
No	12	30.77	No	6	17.14
No Response	5	12.82	No Response	1	2.86
	39			35	

D. Would they appeal to the average undergraduate?

Professional Group			Student Group		
Yes	28	71.79%	Yes	30	85.71%
No	11	28.21	No	4	11.43
No Response	0	0.00	No Response	1	2.86
	39			35	

4) In general, in the film, is there enough information given about the field?

Professional Group			Student Group		
Yes	25	64.10%	Yes	28	80.00%
No	12	33.33	No	7	20.00
No Response	1	2.57	No Response	0	0.00
	39			35	

5) Is the film's emotional content (emotional appeal) appropriate?

Professional Group			Student Group		
Yes	38	97.44%	Yes	32	91.43%
No	1	2.56	No	3	8.57
No Response	0	0.00	No Response	0	0.00
	39			35	

6) Does the film indicate any disadvantage to entering the field?

Professional Group			Student Group		
Yes	9	23.08%	Yes	6	17.14%
No	29	74.36	No	28	80.00
No Response	1	2.56	No Response	1	2.86
	39			35	

7) Does the film adequately portray the satisfaction obtainable through being a rehabilitation counselor?

Professional Group			Student Group		
Yes	22	56.41%	Yes	21	60.00%
No	17	43.59	No	13	37.14
No Response	0	0.00	No Response	1	2.86
	39			35	

8) Concerning the technical aspects of the body of the film,

A. Is the continuity adequately handled?

Professional Group			Student Group		
Yes	36	92.31%	Yes	33	94.30%
No	3	7.69	No	1	2.85
No Response	0	0.00	No Response	1	2.85
	39			35	

B. Does the film have a logical sequence of events?

Professional Group			Student Group		
Yes	36	92.31%	Yes	35	100.00%
No	3	7.69	No	0	0.00
No Response	0	0.00	No Response	0	0.00
	39			35	

C. Are there any unanswered questions raised by the film?

Professional Group			Student Group		
Yes	24	61.54	Yes	25	71.43%
No	15	38.46	No	9	25.72
No Response	0	0.00	No Response	1	2.85
	39			35	

D. Are there any contradictions in the film?

Professional Group			Student Group		
Yes	32	82.05%	Yes	31	88.57%
No	5	12.82	No	3	8.58
No Response	2	5.13	No Response	1	2.85
	39			35	

E. Does the music seem appropriate?

Professional Group			Student Group		
Yes	32	82.05%	Yes	31	88.57%
No	5	12.82%	No	3	8.58
No Response	2	5.13	No Response	1	2.85
	39			35	

F. Were there any sections of the film during which your attention failed?

Professional Group			Student Group		
Yes	8	20.51%	Yes	7	20.00%
No	30	76.92	No	28	80.00
No Response	1	2.57	No Response	0	0.00
	39			35	

9) Would the film be appropriate on commercial television?

Professional Group			Student Group		
Yes	31	79.49%	Yes	30	85.71%
No	8	20.51	No	4	11.43
No Response	0	0.00	No Response	1	2.86
	39			35	

10) Does the film seem appropriate for a group with widely different educational backgrounds?

Professional Group			Student Group		
Yes	31	79.49%	Yes	31	88.57%
No	6	15.38	No	3	8.57
No Response	2	5.13	No Response	1	2.86
	39			35	

11) Which of the following aspects of the prologue (the abstract introduction) would appeal to undergraduate students?

Possible Responses:

A. the free verse

B. the content

C. the humanitarian philosophy

D. the abstract visual
E. the narrator
F. the historical background
G. the music

Professional Group			Student Group		
A.	30	76.92%	A.	28	80.00%
B.	25	61.10	B.	20	57.14
C.	27	69.23	C.	29	82.86
D.	32	82.05	D.	30	85.71
E.	23	58.97	E.	14	40.00
F.	26	66.67	F.	14	40.00
G.	28	21.79	G.	30	85.71
No Response	2	5.13	No Response	2	5.71

12) Please indicate any points that should be raised in discussing the film, strong or weak points of the film that should be studied, and any reactions to the film that you may have had and which have not been covered by this questionnaire.

No response given	10	28.57%
None	5	14.29
Sound inadequate	2	5.71
Narrator poor	2	5.71
Adequate recruiting film	4	11.43
Visually adequate	1	2.86
Script adequate	1	2.86
More emphasis needed on academic aspects	3	8.57
Vocational rehabilitation overemphasized	8	22.86
Sequencing inadequate	1	2.86
Black and white segment annoying	3	8.57
"Luck" in prologue confusing	3	8.57
Prologue excellent	2	5.71
DVR segment inappropriate	2	5.71
Prologue annoying	1	2.86

13) Would you use this film? Please indicate your reasons.

Professional Group			Student Group		
Yes	33	84.62%	Yes	34	97.14%
No	4	10.26	No	1	2.86
No Response	2	5.12	No Response	0	0.00
	39			35	

	Professional Group		Student Group	
Because of its adequacies	6	15.38%	1	2.86%
Because of its contemporary style and aesthetic value	4	10.26	2	5.71
Because of its effectiveness and attention getting ability	8	20.51	6	17.14
Because of its recruiting capacity	6	15.38	10	28.57
Because of its value in community education	8	20.51	3	8.57
Because of its orientation qualties	11	28.21	10	28.57
No Response	14	35.89	13	37.14
No place for it in my work	0	0.00	2	5.71
For inservice training	0	0.00	1	2.86
For lack of anything better	0	0.00	1	2.86

14) Which of the following aspects of the prologue would be incompatible with the tastes of undergraduate students? Of the general public?

Professional Group	Student Group Undergraduates		Public	
A. the free verse	2	5.13%	8	20.51%
B. the content	1	2.56	3	7.69
C. the humanitarian philosophy	3	7.69	2	5.13
D. the abstract visuals	1	2.56	6	15.38
E. the narrator	2	5[illegible]	2	5.13
F. the historical background	1	2[illegible]6	3	7.69
G. the music	3	7.69	2	5.13
No response	33	84.62	24	61.54

15) Do you believe the film should have indicated expected salary ranges?

Professional Group

Yes	12	30.77%
No	24	61.54
No Response	3	7.69
	39	

16) The film appears to have a contemporary approach and style. Do you feel this style will prove appropriate in five years?

Professional Group

Yes	27	69.23%
No	9	23.08
No Response	3	7.69
	39	

17) Do you feel that a wider range of disabilities should have been discussed in the film?

Professional Group

Yes	14	35.90%
No	23	58.97
No Response	2	5.13
	39	

18) Should more emphasis have been placed on the culturally disabled?

Professional Group

Yes	12	30.77%
No	25	64.10
No Response	2	5.13
	39	

19) In portraying the role of the rehabilitation counselor, do you feel that the film concentrated too much on vocational placement?

Professional Group

Yes	10	25.64%
No	27	69.23
No Response	2	5.13
	39	

20) Assuming that the film would appeal to undergraduate students who are interested in helping other people, do you think that the film would generate this interest in undergraduates?

Professional Group

Yes	25	64.10%
No	12	30.77
No Response	2	5.13
	39	

21) Was the break to black and white sequence effective, that is, did the break emphasize the reality (realness) of the black and white counselor sequence?

Professional Group

Yes	16	41.03%
No	20	51.28
No Response	3	7.69
	39	

22) Do you feel that more emphasis should have been placed on the academic preparation and activities of the counselors?

Professional Group

Yes	21	53.84%
No	16	41.03
No Response	2	5.13
	39	

23) Was the emphasis on "Luck" in the prologue (e.g. "I gave my luck to you. . .") appropriate--in accord with current philosophies?

Professional Group

Yes	22	56.41%
No	12	30.77
No Response	5	12.82
	39	

What is the highest level of education you have attained? (Professional Group)

Undergraduate work, no degree	1	2.56%
Bachelor's degree	8	20.52
Master's	19	48.72
Doctorate	10	25.64
No Response	1	2.56
	39	

If you are a student, indicate your status. (Professional Group)

Undergraduate student	0	0.00%
Graduate Master's student	11	28.21
Graduate Doctorate student	7	17.95
No Response	21	53.84
	39	

What is your present occupation? (Professional Group)

Administrator	5	12.82%
Counselor	9	23.08
Researcher	1	2.57
Counselor Educator	11	28.21
Student Assistant	2	5.13
Other	4	10.26
No Response	7	17.93
	39	

If you are employed, please indicate the nature of your employment. (Professional Group)

Rehabilitation Agency	10	25.64%
Employment Agency	0	0.00
School (elementary, secondary, "special" School)	4	10.26
College or University	11	28.21
No Response	12	30.77
Other (please specify):		
Hospital	1	2.56
Consultant with national headquarters (of occupational therapy)	1	2.56
	39	

Film Evaluation

Phase II

Evaluation of the Effectiveness of the Film Upon the Cognitive and Affective Domains

The major objectives of the film were to serve as an information medium for the general public, and to promote acceptance of rehabilitation counseling as a profession. Therefore, evaluation of the effectiveness of the film must be in terms of the information it conveyed and its effect on attitudes of viewers.

Because they might yet enter the profession, it was thought that college and high school students would be appropriate sample segments of the public on which to evaluate the film.

To obtain a representative sample, contacts were made at several college campuses in Western New York to obtain groups of subjects. A special effort was made to obtain groups enrolled in general introductory courses and other courses which provided cross-sectional representation of college student bodies. From these contacts a total of nine groups were obtained. From the nine, five groups were randomly selected to participate in the study.

To obtain a sample of high school students several local high schools were contacted, and two groups were randomly selected from those who were willing to participate. A total of 912 subjects, 805 college students and 107 high school students, were surveyed in the study. A number of questionnaires were discarded because the subjects failed to complete all the items. Thus, of the original sample containing 546 experimental and 366 control subjects, complete test data were available on only 321 experimental and 247 control subjects. This attrition was proportionate for both groups. It was assumed that the remaining subjects were representative of the original population.

Method

Construction of Instruments:

Since both informational and affective dimensions of the film's impact were to be investigated, two kinds of instruments were constructed; one to assess cognitive effects, the other to assess affective effects. As a prelude to instrument construction a group of eight freshmen and another group of five seniors were shown the film after which group discussions were held about what the students got out of the film. The discussions were tape recorded and typescripts (see Appendix C) were used to help in item writing for both cognitive and affective instruments.

Cognitive

To assess the film's impact in imparting information about rehabilitation counseling and disabled persons, a pool of multiple-choice items was constructed, based on salient points or concepts depicted in the film. Employing the judgements of three specialists in educational measurement, the original item pool was reduced to 40 items, each judged to have content validity. Preliminary analyses on the 40 items, based on data from 90 college student subjects resulted in the elimination of eight items and the revision of others. Items were revised or eliminated on the basis of the difficulty and discrimination indicies computed on the sample as a whole without regard to experimental or control groupings. Subjects in experimental groups answered the questionnaire after seeing the film. Control group subjects responded to the instruments before seeing the film.

The revised 32 item instrument was administered to a second group of 38 experimental and 12 control group college subjects. Based on the analyses of these data, 13 items were retained, 9 revised, and 10 items were eliminated. Decisions to revise or eliminate items were based on two criteria: 1) the item difficulty index; and 2) a discrimination index computed by subtracting the percentage of the control group getting the item correct from the percentage of the experimental group answering the item correctly. Items having difficulty indicies between .30 and .70 and having discrimination indicies greater than .28 were retained. The final instrument thus contained 22 items and appears in Appendix D, Form 1.

In scoring the final instrument, no attempt was made to analyze specific items. Instead, a total cognitive score was derived by summing the number of correct responses for each individual.

Affective Scale I - Rehabilitation Counseling

The impact of the film, as distinct from the film's content, was measured by the affective score changes of persons after seeing the film. A series of bi-polar scales were constructed to assess the attitude of subjects about the field of rehabilitation counseling. Eleven scales, such as rewarding or unrewarding, boring or interesting, etc., were constructed, using a semantic differential format. Each scale contained seven alternatives ranging from very close agreement with one pole to very close agreement with the opposite pole.

The affective scales thus constructed were administered to 45 experimental and 45 control college subjects on a pilot basis. Results of this testing indicated that the dispersion of the responses on most of the eleven scales were restricted and unsatisfactory. As a result of the low variability and other considerations, the affective scales were revised, some were eliminated and others added. In addition, the length of each scale was increased to eight alternatives in an attempt to increase the variability of the scores. The final instrument contained 15 bi-polar scales pertinent to the attitudes surrounding rehabilitation counseling.

Affective Scale II - Disability

A further consideration was the subjects' attitudes toward "disabled persons." Accordingly, 21 items (i. e., employable or unemployable, trainable or untrainable, dependable or undependable, etc.) were constructed using the same procedures described above.

The two sets of affective scales, one set assessing attitudes concerning rehabilitation counseling, the other set assessing attitudes about "disabled persons" were administered to two new groups of college subjects. From this analysis the positive and negative poles of the scales were randomly ordered to reduce the influence the response set or bias. (Affective scales I and II are shown in Appendix D, Forms 2A and 2B.)

For scoring purposes, each of the 36 items were treated as an independent continuous variable and each subject's score was assigned a value of one to eight, depending on the particular alternative selected.

In addition to the test data, information concerning each subject's sex and level of education was also obtained to study the relationships of these variables.

Procedure

At each school, arrangements were made for showing the film at a time convenient for the class instructors. Immediately prior to the film, each group was randomly divided into experimental and control subgroups and the experimental subjects were taken to another location where the film was to be shown.

As soon as the two groups were separated, the control group was administered the assessment battery. When all tests had been collected, the control group was then allowed to view the film.

Immediately after viewing the film, the experimental group was administered the assessment battery. Both experimental and control subjects were given thirty minutes to complete the entire assessment battery.

Analysis of the Data

A "Posttest only control group" design (Campbell & Stanley, 1963) was adopted. In this design numerical equalization of experimental and control groups is attained by random assignment of subjects to treatments rather than by using a pretest as a co-variate control.

In addition to investigating the main treatment effect, all subjects were classified into subgroups on the basis of sex and level of education. The original design partitioned the subjects into five educational levels: high school, and college (freshmen, sophomore, junior, and senior levels). However, due to the attrition because of incomplete questionnaires, the cell sizes were not sufficient to generate internally valid results. Therefore, freshmen-sophomore groups were collapsed into a lower division category and junior-senior groups into an upper division category. The complete design, therefore, was a 2x2x3 factorial design (see Figure 1) using the cognitive test and each of the 36 affective dimensions as dependent variables.

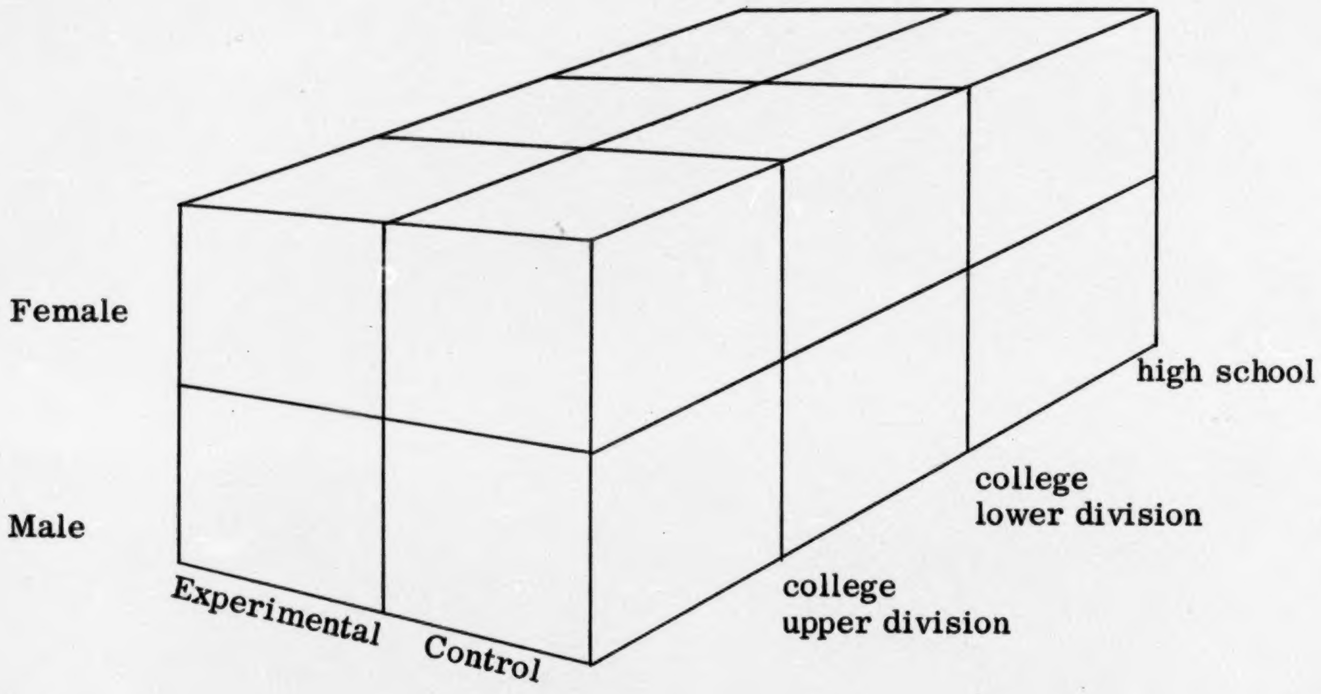

Figure 1

For each dependent variable three major null hypotheses were tested: 1) There will be no significant difference in the means of experimental and control groups, 2) There will be no significant difference in the means of males and females, 3) There will be no significant difference in the means of upper division, lower division, and high school students. All hypotheses were tested at the .05 level of significance using an analysis of variance program (Finn, 1968). Upon inspection of an intercorrelation matrix of the dependent variables, it was decided to conduct separate univariate analyses rather than an overall multivariate analysis since the criterion variables were relatively independent of each other. The mean correlation of the cognitive test with the 36 affective items was .08 with a range of -.02 to .19. Of the 630 intercorrelations among affective items, 71 were negative and approximately 80 per cent were between -.10 and .30.

Results

The results of the analyses of the cognitive test are presented first, followed by the results of the analyses of the affective items assessing "rehabilitation counseling," and concluding with results of the "disabled persons" affective scale analyses.

Cognitive Test Results

Cognitive test score means and standard deviations for the independent variables are presented in Table 1. The results of the cognitive test analysis are shown in Table 2. No significant interaction effects were found in the analysis of the cognitive test scores, however, a significant difference between the control and experimental groups was found at the .0001 of confidence. The experimental group had a higher mean cognitive test score than did the control. This result was true regardless of sex or educational level.

No significant sex difference in cognitive test score means was found, however, the main education effect was significant. Post-hoc-comparisons (t-tests) indicated that a mean cognitive test score for upper division college students which was significantly greater than that for high school students and accounted for the significant education effect.

In summary of the cognitive test results, subjects in the experimental group had a significantly higher mean cognitive test score than did control group subjects. College juniors and seniors scored significantly higher on the test than did high school students. No difference between the sexes on cognitive test scores was found.

Affective Scale I: Rehabilitation Counseling

In the analyses of the rehabilitation counseling items only two of the possible 60 interaction effects were statistically significant. Using the significance level .05, such a finding could be chance, it was thought that the main effects were directly interpretable without having to break them down into simple effects.

Treatment Effects

Means and standard deviations for the experimental and control groups on the 15 affective rehabilitation items are shown in Table 3 and a summary of the main treatment effects analyses is given in Table 4. Complete ANOVA results for each affective rehabilitation counseling item appear in Appendix E, Scale I.

On each of the 15 affective rehabilitation counseling scales the sample mean of the experimental group was greater than that of the control group. This trend for the experimental group to have more positive attitudes about rehabilitation counseling than control subjects was statistically significant on six of the items--items 1,2, 3, 7, 10 and 14.

Table 1

Means and Standard Deviations of Cognitive Test Scores
for Independent Variables

Group	N	Mean	S.D.
Experimental	321	11.80	2.62
Control	247	7.26	2.02
Female	376	9.79	3.18
Male	192	9.89	3.47
Upper Division	105	9.98	3.16
Lower Division	402	9.98	3.25
High School	61	8.57	3.42

Table 2

Analysis of Variance of Cognitive Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	2888.18	513.96	.0001
Sex (B)	1	2.94	.52	47
Education (C)	2	22.28	3.97	.02
A x B	1	2.34	.42	.52
A x C	2	1.70	.30	.74
B x C	2	5.69	1.01	.36
A x B x C	2	5.25	.93	.39
Error	556	5.62		
Total	567	2934.00		

Table 3

Experimental and Control Group Means and Standard Deviations for Affective Scale I (Rehabilitation Counseling)

	Scale	Experimental N = 321		Control N = 247	
		Mean	S.D.	Mean	S.D.
1	nonprofessional - professional	6.87	1.42	6.49	1.67
2	uninteresting - interesting	6.63	1.45	6.38	1.67
3	unrewarding - rewarding	7.34	1.10	7.12	1.29
4	undemanding - demanding	7.29	1.04	7.30	1.04
5	loosely structed - highly structed	5.61	1.75	5.48	1.77
6	low prestige - high prestige	5.36	1.46	5.25	1.53
7	limited opportunities - open opportunities	6.13	1.63	5.72	1.91
8	occupation I would not pursue - occupation I would pursue	4.07	2.09	3.78	2.18
9	highly subjective - highly objective	4.65	2.04	4.39	2.15
10	unappealing working environment - appealing working environment	5.13	1.78	4.45	1.80
11	nonhumanistic - humanistic	7.52	.98	7.51	.90
12	nonintellectual - intellectual	6.79	1.25	6.70	1.28
13	nonchallenging - challenging	7.44	.98	7.37	1.14
14	depressing - pleasant	4.72	1.83	4.19	1.83
15	nonscientific - scientifically based	5.72	1.48	5.66	1.63

Table 4

Analysis of Variance of Experimental and Control Groups for Affective Scale I (Rehabilitation Counseling)

	Source	Mean Square	Error	F[1]	P
1	nonprofessional - professional	19.75	2.33	8.48	.0038
2	uninteresting - interesting	9.14	2.31	3.95	.0474
3	unrewarding - rewarding	6.64	1.37	4.86	.0279
4	undemanding - demanding	.02	1.03	.02	.8796
5	loosely structed - highly structed	2.35	3.09	.76	.3833
6	low prestige - high prestige	1.51	2.08	.73	.3946
7	limited opportunities - open opportunities	23.85	2.86	8.34	.0041
8	occupation I would not pursue - occupation I would pursue	11.59	4.29	2.70	.1010
9	highly subjective - highly objective	9.61	4.38	2.20	.1389
10	unappealing working environment - appealing working environment	64.82	3.11	20.87	.0001
11	nonhumanistic - humanistic	.001	.90	.001	.9750
12	nonintellectual - intellectual	1.00	1.57	.6376	.4250
13	nonchallenging - challenging	.76	1.06	.72	.3970
14	depressing - pleasant	38.52	3.39	11.37	.0008
15	nonscientific - scientifically based	.51	2.39	.21	.6434

[1] df for all tests equals 1 and 556

The findings indicate that, relative to the control group, the subjects in the experimental group felt that rehabilitation counseling was more professional, more interesting, more rewarding, had more opportunities, had more appealing working environment, and was more pleasant. The film seems to have had some positive effect on attitudes toward rehabilitation counseling.

Sex Effects

Means and standard deviations of male and female students on the affective rehabilitation counseling items appear in Table 5. A summary of the main sex effect analyses appears in Table 6.

Sex was clearly an important influence on attitudes toward rehabilitation counseling. The sample means for females were higher than those for males on all 15 items and these differences were significant on 12 of the affective items. More so than men, women seemed to regard rehabilitation counseling as professional, interesting, rewarding, demanding, highly structured, high in prestige, having good opportunities, an occupation they would pursue, having an appealing working environment, humanistic, intellectual, and challenging.

Education Effects

The means and standard deviations of high school and upper and lower division college students on the affective rehabilitation counseling items are shown in Table 7. The results of the analyses of variance comparing these means are presented in Table 8.

No clear indication of the relationship between educational level and feelings about rehabilitation counseling emerged from the analyses of the data. Only three of the 15 items (items 4, 8 and 10) yielded significant differences among the groups and in each case there was a positive linear relationship between education and positive attitudes toward rehabilitation counseling. Increasing educational level was indicative of feelings that the profession was demanding, a desireable occupation to pursue, and an appealing working environment.

In summary, results of data from Affective Scale I indicated that the film had a positive effect on feelings toward rehabilitation counseling, that women had more positive attitudes about the profession than men, and that educational level was largely unrelated to measured feelings about rehabilitation counseling.

Affective Scale II: The Disabled

In the analyses of the items relating to disabled persons only eight of the eighty-four possible interaction affects were significant at the .05 level.

Table 5

Male and Female Group Means and Standard Deviations for Affective Scale I (Rehabilitation Counseling)

	Scale	Female N = 376		Male N = 192	
		Mean	S.D.	Mean	S.D.
1	nonprofessional - professional	6.85	1.46	6.41	1.67
2	uninteresting - interesting	6.76	1.47	6.06	1.61
3	unrewarding - rewarding	7.41	1.00	6.91	1.44
4	undemanding - demanding	7.43	.92	7.02	1.20
5	loosely structed - highly structed	5.67	1.73	5.31	1.80
6	low prestige - high prestige	5.58	1.39	4.78	1.55
7	limited opportunities - open opportunities	6.28	1.58	5.31	1.93
8	occupation I would not pursue - occupation I would pursue	4.26	2.12	3.31	2.02
9	highly subjective - highly objective	4.63	2.13	4.36	2.01
10	unappealing working environment - appealing working environment	4.99	1.79	4.54	1.84
11	nonhumanistic - humanistic	7.57	.96	7.41	.91
12	nonintellectual - intellectual	6.84	1.25	6.57	1.27
13	nonchallenging - challenging	7.57	.89	7.10	1.26
14	depressing - pleasant	4.55	1.87	4.38	1.82
15	nonscientific - scientifically based	5.70	1.50	5.67	1.62

Table 6

Analysis of Variance by Sex for the Affective Scale I (Rehabilitation Counseling)

	Source	Mean Square	Error	F^1	P
1	nonprofessional - professional	24.07	2.33	10.33	.0014
2	uninteresting - interesting	6.48	2.31	26.14	.0001
3	unrewarding - rewarding	31.89	1.37	23.35	.0001
4	undemanding - demanding	21.39	1.03	20.86	.0001
5	loosely structed - highly structed	16.37	3.09	5.30	.0217
6	low prestige - high prestige	82.41	2.08	39.54	.0001
7	limited opportunities - open opportunities	118.25	2.86	41.38	.0001
8	occupation I would not pursue - occupation I would pursue	113.45	2.49	26.43	.0001
9	highly subjective - highly objective	8.94	4.38	2.04	.1535
10	unappealing working environment - appealing working environment	24.85	3.11	8.00	.0049
11	nonhumanistic - humanistic	3.48	.90	3.89	.0491
12	nonintellectual - intellectual	9.38	1.57	5.98	.0148
13	nonchallenging - challenging	27.07	1.06	25.49	.0001
14	depressing - pleasant	3.31	3.39	.98	.3233
15	nonscientific - scientifically based	.15	2.39	.06	.8002

df^1 for all tests equals 1 and 556

Table 7

Education (College Upper, Lower, and High School) Group Means and Standard Deviations for Affective Scale I (Rehabilitation Counseling)

	Scale	College Upper N = 105		College Lower N = 402		High School N = 61	
		Mean	S.D.	Mean	S.D.	Mean	S.D.
1	nonprofessional -professional	6.76	1.49	6.73	1.55	6.43	1.63
2	uninteresting - interesting	6.62	1.27	6.56	1.60	6.10	1.66
3	unrewarding - rewarding	7.19	1.19	7.26	1.20	7.23	1.12
4	undemanding - demanding	7.39	.85	7.32	1.02	6.93	1.34
5	loosely structed - highly structed	5.59	1.57	5.52	1.81	5.66	1.75
6	low prestige - high prestige	5.31	1.35	5.32	1.50	5.23	1.68
7	limited opportunities - open opportunities	6.05	1.57	6.00	1.75	5.48	2.11
8	occupation I would not pursue - occupation I would pursue	4.15	1.93	4.00	2.15	3.18	2.19
9	highly subjective - highly objective	4.57	2.07	4.48	2.07	4.84	2.30
10	unappealing working environment - appealing working environment	5.28	1.41	4.80	1.88	4.31	1.88
11	nonhumanistic - humanistic	7.50	.97	7.52	.95	7.49	.87
12	nonintellectual - intellectual	6.60	1.30	6.80	1.23	6.64	1.37
13	nonchallenging - challenging	7.46	.95	7.45	.99	7.08	1.49
14	depressing - pleasant	4.57	1.70	4.51	1.87	4.21	1.94
15	nonscientific - scientifically based	5.78	1.49	5.65	1.56	5.77	1.56

Table 8

Analysis of Variance of Education (College Upper, College Lower, and High School) for Affective Scale I (Rehabilitation Counseling)

	Source	Mean Square	Error	F^1	P
1	nonprofessional - professional	1.85	2.33	.79	.4525
2	uninteresting - interesting	5.10	2.31	2.20	.1113
3	unrewarding - rewarding	.58	1.37	.42	.6544
4	undemanding - demanding	4.13	1.03	4.03	.0183
5	loosely structed - highly structed	2.47	3.09	.80	.4495
6	low prestige - high prestige	2.30	2.08	1.10	.3326
7	limited opportunities - open opportunities	6.40	2.86	2.24	.1075
8	occupation I would not pursue - occupation I would pursue	17.70	4.29	4.12	.0167
9	highly subjective - highly objective	6.29	4.38	1.43	.2385
10	unappealing working environment - appealing working environment	20.23	3.11	6.52	.0016
11	nonhumanistic - humanistic	.01	.90	.01	.9857
12	nonintellectual - intellectual	.82	1.57	.52	.5924
13	nonchallenging - challenging	2.67	1.06	2.52	.0818
14	depressing - pleasant	1.75	3.39	.52	.5964
15	nonscientific - scientifically based	1.16	2.39	.48	.6170

[1] df for all tests equals 2 and 556

Because so few interaction affects were significant and because those that were significant primarily involved sex and education which were of secondary concern in the evaluation of the film, only the main treatment, sex, and education effects are discussed.

Treatment Effects

The means and standard deviations of the experimental and control groups on the 21 affective disabled person items are given in Table 9. A summary of the treatment effects analyses is presented in Tabel 10 and the 21 complete analysis of variance results for Affective Scale II can be found in Appendix E, Scale II.

If the film affected subject's attitudes about disabled people it was impossible to tell it from analysis of Affective Scale II. While there was a tendency for subjects in the experimental group to have slightly more enlightened attitudes about the disabled than control group subjects, only four items yielded statistically significant differences and only three of them were in the direction of more positive experimental group attitudes. Subjects having seen the film, compared to subjects not having seen it, felt disabled people were more self-supporting, more co-operative, and more like normals than different. The experimental group expressed more concern about the disabled than did the control group.

Sex Effects

Means and standard deviations of male and female subjects on the 21 scales are summarized in Table 12.

Females seem to have more enlightened attitudes than males about disabled people. Sex differences were significant on eight of the items on Affective Scale II indicating that not only were women more concerned about the disabled than men; but that they felt the disabled were more trainable, full of life, employable, co-operative, pleasant, useful, and able to hold salaried occupations. The findings coincide with previous results indicating that women had more positive feelings about rehabilitation counseling than did men. Women are also less employable than men.

Education Effects

In Table 13 are the means and standard deviations of high school students, lower, and upper division college students on the items in Affective Scale II. A summary of the tests of education effects on Affective Scale II is presented in Table 14.

No relationship between educational level and feelings toward disabled people is discernable from the data collected. No significant differences among students with varying educational level were found on any of the 21 items on Affective Scale II.

Table 9

Experimental and Control Group Means and Standard Deviations for Affective Scale II (The Disabled)

	Scale	Experimental N = 321		Control N = 247	
		Mean	S. D.	Mean	S. D.
1	untrainable - trainable	7. 17	1. 01	7. 05	1. 07
2	full life - existence	6. 70	1. 31	6. 56	1. 33
3	similar - different	5. 63	1. 82	5. 20	2. 00
4	independent - dependent	5. 64	1. 58	5. 38	1. 70
5	avoided - accepted	4. 25	2. 12	4. 16	2. 06
6	employable - unemployable	6. 81	1. 31	6. 89	1. 23
7	self-supporting - supported by others	5. 85	1. 56	5. 50	1. 76
8	unlimited potential - limited potential	5. 61	1. 71	5. 46	1. 88
9	cooperative - uncooperative	6. 51	1. 19	6. 24	1. 38
10	dependable - undependable	6. 69	1. 16	6. 58	1. 31
11	realistic expectations - unrealistic expectations	6. 30	1. 33	6. 26	1. 35
12	cliquish - noncliquish	4. 55	1. 89	4. 45	1. 97
13	leader - follower	4. 66	1. 67	4. 48	1. 72
14	hardworking - lazy	6. 73	1. 19	6. 60	1. 23
15	aspiring - despairing	6. 01	1. 60	5. 96	1. 54
16	subject to discrimination - no discrimination	6. 08	2. 02	5. 84	1. 98
17	restricted - unrestricted	5. 63	1. 82	5. 66	1. 65
18	pleasant - unpleasant	6. 25	1. 39	6. 02	1. 56
19	salaried occupations - menial occupations	5. 73	1. 72	5. 90	1. 74
20	useful - useless	6. 96	1. 71	7. 09	1. 14
21	I am concerned - I am indifferent	6. 56	1. 65	6. 28	1. 67

Table 10

Analysis of Variance of Experimental and Control Groups for Affective Scale II (the Disabled)

	Source	Mean Square	Error	F[1]	P
1	untrainable - trainable	1.87	1.05	1.77	.1837
2	full life - existence	2.70	1.72	1.57	.2106
3	similar - different	26.29	3.58	7.34	.0070
4	independent - dependent	9.75	2.69	3.62	.0576
5	avoided - accepted	.99	4.35	.23	.6339
6	employable - unemployable	.89	1.60	.56	.4561
7	self-supporting - supported by others	17.65	2.69	6.56	.0107
8	unlimited potential - limited potential	3.27	3.18	1.03	.3107
9	cooperative - uncooperative	9.79	1.60	6.10	.0138
10	dependable - undependable	1.46	1.51	.97	.3250
11	realistic expectations - unrealistic expectations	.19	1.77	.11	.7437
12	cliquish - noncliquish	1.17	3.69	.32	.5729
13	leader - follower	4.50	2.86	1.58	.2100
14	hardworking - lazy	2.32	1.44	1.61	.2057
15	aspiring - despairing	.35	2.47	.14	.7079
16	subject to discrimination - no discrimination	8.18	4.00	2.05	.1532
17	restricted - unrestricted	.08	3.07	.03	.8695
18	pleasant - unpleasant	7.58	2.12	3.58	.0590
19	salaried occupations - menial occupations	4.17	2.89	1.44	.2301
20	useful - useless	2.31	1.31	1.77	.1842
21	I am concerned - I am indifferent	10.74	2.57	4.18	.0413

[1] df for all tests equal 1 and 556

Table 11

Male and Female Group Means and Standard Deviations for Affective Scale II (The Disabled)

	Scale	Female N = 376		Male N = 192	
		Mean	S.D.	Mean	S.D.
1	untrainable - trainable	7.22	.98	6.91	1.12
2	full life - existence	6.74	1.23	6.43	1.45
3	similar - different	5.52	1.94	5.29	1.86
4	independent - dependent	5.61	1.64	5.38	1.63
5	avoided - accepted	4.17	2.15	4.29	1.97
6	employable - unemployable	6.93	1.23	6.68	1.36
7	self-supporting - supported by others	5.72	1.66	5.67	1.64
8	unlimited potential - limited potential	5.65	1.73	5.34	1.87
9	cooperative - uncooperative	6.43	1.26	6.23	1.31
10	dependable - undependable	6.68	1.21	6.56	1.27
11	realistic expectations - unrealistic expectations	6.33	1.33	6.17	1.35
12	cliquish - noncliquish	4.44	2.01	4.64	1.75
13	leader - follower	4.59	1.72	4.56	1.63
14	hardworking - lazy	6.74	1.20	6.55	1.21
15	aspiring - despairing	6.08	1.58	5.81	1.54
16	subject to discrimination - no discrimination	6.09	1.95	5.77	2.09
17	restricted - unrestricted	5.66	1.76	5.61	1.72
18	pleasant - unpleasant	6.24	1.41	5.96	1.56
19	salaried occupations - menial occupations	5.95	1.65	5.52	1.84
20	useful - useless	7.15	1.07	6.73	1.28
21	I am concerned - I am indifferent	6.74	1.52	5.85	1.78

Table 12

Analysis of Variance by Sex for Affective Scale II (The Disabled)

	Source	Mean Square	Error	F[1]	P
1	untrainable - trainable	12.26	1.05	11.65	.0007
2	full life - existence	12.69	1.72	7.38	.0068
3	similar - different	6.86	3.58	1.92	.1669
4	independent - dependent	6.32	2.69	2.35	.1260
5	avoided - accepted	1.75	4.35	.40	.5267
6	employable - unemployable	7.91	1.60	4.95	.0265
7	self supporting - supported by others	.25	2.69	.09	.7596
8	unlimited potential - limited potential	11.49	3.18	3.62	.0578
9	cooperative - uncooperative	7.07	1.60	4.41	.0363
10	dependable - undependable	1.74	1.50	1.16	.2825
11	realistic expectations - unrealistic expectations	3.37	1.77	1.90	.1683
12	cliquish - noncliquish	4.97	3.69	1.35	.2465
13	leader - follower	.12	3.86	.04	.8363
14	hardworking - lazy	4.39	1.44	3.04	.0819
15	aspiring - despairing	9.40	2.47	3.81	.0515
16	subject to discrimination - no discrimination	12.96	4.00	3.24	.0723
17	restricted - unrestricted	.40	3.07	.13	.7199
18	pleasant - unpleasant	9.66	2.12	4.57	.0331
19	salaried occupations - menial occupations	23.86	2.89	8.25	.0043
20	useful - useless	22.57	1.31	17.28	.0001
21	I am concerned - I am indifferent	98.86	2.57	38.52	.0001

[1] df for all tests equal 1 and 556

Table 13

Education (College Upper, College Lower, and High School) Group Means and Standard Deviations for Affective Scale II (The Disabled)

	Scale	College Upper N = 105		College Lower N = 402		High School N = 61	
		Mean	S. D.	Mean	S. D.	Mean	S. D.
1	untrainable - trainable	7.07	1.07	7.13	1.04	7.15	1.00
2	full life - existence	6.58	1.28	6.68	1.31	6.46	1.44
3	similar - different	5.51	1.76	5.46	1.94	5.26	2.03
4	independent - dependent	5.53	1.50	5.53	1.65	5.54	1.81
5	avoided - accepted	4.31	1.93	4.15	2.12	4.44	2.17
6	employable - unemployable	6.76	1.11	6.86	1.31	6.85	1.34
7	self-supporting - supported by others	5.64	1.69	5.71	1.63	5.70	1.75
8	unlimited potential - limited potential	5.55	1.76	5.56	1.78	5.43	1.87
9	cooperative - uncooperative	6.39	1.20	6.39	1.31	6.44	1.22
10	dependable - undependable	6.65	1.19	6.64	1.24	6.64	1.21
11	realistic expectations - unrealistic expectations	6.30	1.30	6.27	1.33	6.28	1.45
12	cliquish - noncliquish	4.43	1.95	4.47	1.91	4.87	2.00
13	leader - follower	4.63	1.60	4.55	1.69	4.66	1.83
14	hardworking - lazy	6.70	1.17	6.66	1.20	6.75	1.34
15	aspiring - despairing	6.01	1.53	5.98	1.52	6.00	1.94
16	subject to discrimination - no discrimination	6.02	1.97	6.01	1.97	5.72	2.27
17	restricted - unrestricted	5.71	1.61	5.63	1.73	5.66	2.08
18	pleasant - unpleasant	6.19	1.28	6.16	1.47	5.97	1.74
19	salaried occupations - menial occupations	5.63	1.90	5.87	1.67	5.64	1.80
20	useful - useless	7.01	1.13	7.03	1.15	6.89	1.29
21	I am concerned - I am indifferent	6.45	1.65	6.53	1.60	5.80	1.93

Table 14

Analysis of Variance by Educational Level (College Upper, College Lower, and High School) for Affective Scale II (The Disabled)

	Source	Mean Square	Error	F[1]	P
1	untrainable - trainable	.38	1.05	.36	.6953
2	full life - existence	.39	1.72	.23	.7956
3	similar - different	1.08	3.58	.30	.7399
4	independent - dependent	.45	2.69	.17	.8456
5	avoided - accepted	2.59	4.35	.59	.5524
6	employable - unemployable	.12	1.60	.08	.9269
7	self supporting - supported by others	.24	2.69	.09	.9119
8	unlimited potential - limited potential	.32	3.18	.10	.9039
9	cooperative - uncooperative	.77	1.60	.48	.6198
10	dependable - undependable	.11	1.51	.07	.9285
11	realistic expectations - unrealistic expectations	.30	1.77	.17	.8450
12	cliquish - noncliquish	4.29	3.69	1.16	.3137
13	leader - follower	.69	2.86	.24	.7859
14	hardworking - lazy	.93	1.44	.64	.5271
15	aspiring - despairing	.66	2.47	.26	.7658
16	subject to discrimination - no discrimination	1.45	4.00	.36	.6958
17	restricted - unrestricted	.48	3.07	.15	.8567
18	pleasant - unpleasant	.83	2.12	.39	.6755
19	salaried occupations - menial occupations	1.06	2.89	.37	.6934
20	useful - useless	.49	1.31	.38	.6861
21	I am concerned - I am indifferent	7.81	2.57	3.04	.4085

[1] df for all tests equals 2 and 556

Summarizing the results of treatment, sex, and education effects on feelings about the disabled, it appears that the film had very little impact on such feelings; that women have more positive, enlightened attitudes about disabled persons than do men, and that feelings about the disabled are unrelated to educational level.

Conclusions

The purpose of the film was to provide viewers with information about the emerging profession of rehabilitation counseling and to encourage positive, enlightened attitudes about the field. Results of the analyses of the cognitive test scores leads to the conclusion that the film was successful in imparting information about rehabilitation counseling. Subjects who saw the film scored significantly higher on the cognitive test than did subjects not seeing the film. In addition to providing the public with useful information, the film also helped viewers to gain more positive attitudes about rehabilitation and, to some extent, about disabled people. Thus, in evaluating the film we conclude that both its cognitive and affective goals were met. The film provides information about the profession and stimulates positive attitudes about rehabilitation counseling.

Sex was not a factor in acquiring information about rehabilitation counseling from the film, but analyses of both affective scales led to a clear conclusion; women have more positive feelings about both disabled people and the field of rehabilitation counseling than men have.

As is the case with most cognitive tests, upper division college students scored higher on the information test than did high school students. However, the educational level of subjects was unrelated to feelings about disabled people and rehabilitation counseling.

Film Evaluation

Phase III

Influence of the Film on Vocational Choice

The previous sections contain the results of the major attempts to evaluate the impact of the film on potential viewers. This third and final section reports the results of a secondary assessment of the films.

Rationale and Procedure

According to Holland's theory of vocational choice, occupations can be classified into six basic types based on the personality characteristics of those persons employed in the occupations. According to Holland (1966) there are six types of vocational environments, each environment being defined in terms of people who comprise them. These occupations or environments or people are called by Holland Realistic, Social, Intellectual, Conventional, Enterprising, and Artistic. Realistic occupations such as forestry or mechanics employ people who like outdoor work and like to work with their hands. Social occupations, teaching and social work, attract persons who like working with other people. Intellectual occupations, chemistry and dentistry, appeal to people who like science and working with ideas. Conventional occupations, accounting and data processing, are more to the liking of people who enjoy structured, specific non-social tasks. Enterprising occupations such as law and sales draw relatively aggressive, outgoing people. Artistic occupations, music or journalism, attract people who are more creative and enjoy a relatively unstructured free-thinking way of life. In this classification scheme rehabilitation counseling is a Social occupation.

As a means of evaluating the film it was reasoned that, the viewers' feelings about social occupations in general and rehabilitation counseling in particular should change after seeing the film. They should express more interest in social occupations than those who had not seen the film. To test this hypothesis, two separate lists of six occupations were drawn up. Each list contained one occupation representing each of Holland's six occupational types. (See Appendix F) Subjects were asked to rank, separately for each list, the six occupations in order of their preference for the occupation, first choice through sixth. The subjects used for this part of the study were the same 568 subjects used in evaluating the cognitive and affective impact of the film. Three independent variables were used in this analysis--treatment, sex, and academic major. There were two treatments (experimental--those subjects who saw the film, and control--those subjects not seeing the film), two sexes, and seven majors (undecided and the six types postulated by Holland).

The dependent variables were the mean ranks of the two social occupation titles in the two occupational lists. Those two occupation titles were clinical psychologist and rehabilitation counselor.

Results and Discussion

The mean ranks of the two Social occupation titles and their combined mean ranks are shown in Table 15 for the two treatments, the two sexes, and the seven academic majors. To determine whether a multivariate or univariate analysis of variance was called for, the ranks of the two Social occupations were correlated yielding a correlation coefficient of .41 which was statistically significant. On the basis of the overlap between the two dependent variables it was decided to conduct a three factor multivariate analysis of variance.

Results of the multivariate analysis are shown in Table 16. None of the interaction effects being significant, the main effects are discussed directly. The results indicate that the experimental and control groups did not differ in their rankings of social occupations. In view of this finding a step down analysis was computed to determine if either of the variables (clinical psychologist or rehabilitation counseling) would yield significant differences in rankings over and above the effects of the other variable.

The results of the stepdown analysis indicated that despite the correlation with rehabilitation counseling, clinical psychologist as an occupation was ranked significantly higher by those subjects viewing the film than by the subjects not seeing the film. Since the subjects were randomly assigned to experimental and control group, it is concluded that seeing the film led subjects to rate the occupation of clinical psychologist higher than had they not seen the film. The value of the stepdown F was 4.93 which was significant at the .01 level of confidence.

Since the film was dealing with rehabilitation counseling, the above result is somewhat unexpected. However, rather than attempting to rationalize the result with some attempt at post hoc explanation we shall be content to conclude that, to some extent, the film was instrumental in causing persons seeing it to place social occupations higher in their occupational choice hierarchy.

Though of considerably less importance than treatment effects, both the main effects of sex and academic major were statistically significant. In the case of sex it is clear, as has been shown many times in studies of vocational choice, that women prefer social occupations more than do men. The results of the analysis by sex are as expected and serve merely to reconfirm what has been long known. The significant

Table 15

Separate and Combined Mean Rankings* of Two Social Occupational Choices Relative to Non-Social Choices

Group	N	Counseling Psychologist	Rehabilitation Counselor	Combined
Experimental	321	2.37	2.95	2.66
Control	247	2.64	3.12	2.88
Male	376	2.10	2.70	2.40
Female	192	3.24	3.66	3.45
Realistic	20	3.70	3.95	3.83
Intellectual	67	3.02	3.36	3.18
Social	261	2.05	2.51	2.28
Conventional	20	3.50	3.55	3.53
Enterprising	13	2.69	3.62	3.15
Artistic	107	2.20	3.25	2.73
Undecided	80	3.26	3.66	3.46

*1 is the highest rank possible, 6 is the lowest rank possible

Table 16

Results of Multivariate ANOVA for Mean Combined Rankings of Social Occupational Choices Relative to Non-Social Choices

	df	F	P
Treatment (A)	2	2.65	.07
Sex (B)	2	16.44	.0001
Major (C)	12	4.61	.0001
A x B	12	.77	.46
A x C	2	.99	.46
B x C	12	.92	.53
A x B x C	10*	1.31	.22
Error	1080		
Total	1156		

*The degrees of freedom for the A x B x C interaction were 10 rather than 12 because one of the 28 cells in the analysis was empty.

results of the major field effect indicate that persons in different fields of study rate social occupations differently. Persons majoring in social areas rate social occupations higher than do students majoring in other areas. Such a result is hardly unexpected.

Summary

Five hundred sixty-eight subjects randomly assigned to experimental and control groups were asked to rank separately two sets of six occupations in order of their own occupational preference. Each list contained one occupation representing each of Holland's six occupational types. It was hypothesized that subjects seeing the film would rank the social occupations higher than subjects not seeing the film. This hypothesis was verified with one set of occupations but not with the other. Females preferred social occupations more than males and subjects majoring in social areas preferred social occupations more than did students majoring in non-social subjects. It is concluded that the film had some impact on helping viewers to be more favorably disposed toward social occupations.

SUMMARY

The purpose of this project was the design, execution and evaluation of a recruitment and public education program in rehabilitation counseling. The project was developed in two steps as follows:

1.) The production of the film, "Will It Be You?" The film has two-fold objectives: a) to interest individuals, primarily undergraduate students in pursuing a career in rehabilitation counseling; and b) to inform the general public of the goals and services of the rehabilitation counseling profession.

2.) The evaluation of the effect of the film on potential recruitment candidates and the general public. This would provide the Social Rehabilitation Service with specific data to measure the influence of the film as a medium for recruitment and public education program.

The assessment of the film, "Will It Be You?" was carried out in three phases.

Phase I

The first phase of evaluation involved obtaining an analysis of the film by advanced students and professionals in rehabilitation counseling Thirty-nine members of the American Rehabilitation Counseling Association who attended the 1968 annual convention and thirty-five graduate students enrolled in the rehabilitation counseling program at the State University of New York at Buffalo evaluated the film with respect to its technical excellence, as an informative medium for the general public, and as a recruiting tool for the profession.

Both groups rated the film high in its technical aspects and in its ability to communicate information about the profession to the general public. The professionals and the students felt that the film was effective as a recruiting medium.

Phase II

The purpose of the second phase of evaluation was to assess the cognitive and affective impact of the film on those subjects for whom the film might serve as a recruitment tool. To accomplish this, two instruments were constructed: One was a 20 item test to measure the knowledge conveyed in the film and the other was a semantic differential type attitude inventory designed to assess feelings toward rehabilitation counseling and disabled persons.

Sixth-one high school students and 507 college students were used as subjects. An experimental group of 321 students were shown the film and then administered the two instruments. A control group of 247 students completed the instruments before seeing the film. Data were analyzed by treatment group, sex and educational level, using analysis of variance.

It was concluded that those seeing the film had higher scores on the cognitive test and on many of the affective items, indicating that the film did have a significant impact. It was also found that women have more positive attitudes toward rehabilitation counseling and disabled persons than men do, and that college students scored higher on the cognitive test than high school students did.

Phase III

In this phase of the evaluation an attempt was made to evaluate the film's effect on students' vocational choices. The same subjects used in Phase II of the evaluation were used in this phase. Both experimental and control subjects were asked to rank lists of occupations in order of their own preference for the occupation. Among the occupations included were rehabilitation counselor and clinical psychologist. It was felt that if the film had an impact on vocational choice, the experimental group would rank the rehabilitation counselor and clinical psychologist higher than would the control subjects. This hypothesis was only partially verified in that clinical psychologist was ranked higher by the experimental group, but rehabilitation counselor was not.

CONCLUSIONS AND IMPLICATIONS

A review of the three phases of evaluation (especially the major evaluative section--Phase II) leads to the conclusion that the film's two major objectives were successfully met. That is, 1.) results indicated that the film is a good medium for providing information about rehabilitation counseling to the public in general and to students in particular; and 2.) the film apparently helps those viewing it to generate more positive attitudes about disabled people and those that help them. Furthermore, based on the results and process of evaluating the film, some implications and suggestions for the film's use emerge.

Implication of results on the cognitive scale:

The evaluation showed that those who viewed the film exhibited significantly more knowledge about rehabilitation counseling and disabled persons than those who had not seen the film as indicated by the significant differences between the Experimental and Control groups at the .0001 level of confidence.

The positive effect of viewing the film was reflected in the scores on the cognitive scales, particularly at the junior and senior college levels. These results supported the major objective of the film as a recruitment device. While scores on the cognitive test increased with educational level, it is apparent that the film is just as effective with high school students as it is with college students.

In addition to the intended use of the film as a recruitment and public information device, the film might also be used to help orient clients and graduate students about the nature of the rehabilitation process. Furthermore, the film might be used in motivating prospective clients to utilize the resources of rehabilitation counseling or to orientate new clients to the services of an agency or a center. These uses of the film could effectively aid the counselor in preparing clients for the rehabilitation counseling process. This presents an interesting possibility of studying the effect of the film on the development of the client's readiness for service.

Implication of results of the affective scales:

In each of the two affective scales many items did not show significant differences between treatment groups. However, there were ten items on the two scales which did show significant differences. A review of these items indicates that the film seems to be effective in modifying stereotypes and producing more positive reactions toward rehabilitation counseling and disabled persons. In view of these results, recruiters may want to concentrate discussions following the film on these items showing significant differences between experimental and control groups.

In general, women seem to view the profession more positively than men. Although it is difficult to infer any conclusions from this, it is an interesting finding in light of the fact that women comprise only about one-fourth of the profession. This points out again that women in general are more oriented toward helping professions and therefore it would seem to be a logical source for recruiting of future counselors.

References

Campbell, Donald T. and Julian C. Stanley. "Experimental and Quasi-Experimental Designs for Research on Teaching," in Gage, N. L. --Handbook of Research on Teaching. Chicago: Rand McNally & Co., 1963.

Finn, Jeremy D. Multivariance, Univariate and Multivariate Analysis of Variance, Covariance and Regression: A Fortran IV Program--Version 4. Buffalo: Faculty of Educational Studies, State University of New York at Buffalo, 1968.

Holland, John. The Psychology of Vocational Choice. Waltham, Mass.:Blaisdell, 1966.

Appendix A

"WILL IT BE YOU?"

Shooting Script

PROLOGUE

(A Cinematic Recitative)

The ACTOR declaims. He is not seen. He tells of life as he sees it, certain of his truth, without apology.

MUSIC punctuates only. It may, in a rythmic segment of the narration, indicate exactly what we are avoiding elsewhere and become accompaniment, briefly. Otherwise it is to be sparse, for effect, only, as a question or exclamation.

Visuals are optical and animated effects, freely-formed to the statement, interpretive, definitive, supportive. When the ACTOR suggests pain, we must see pain. When visuals are of things or people, they are to be presented surrealistically.

ACTOR SPEAKS:
We begin as the beginning is ending.
Let us be born together,
You and I.

On this instant, enter,
Two beings, human,
Same racial, ethnic, economic backgrounds;
Parents same ages, handsome, healthy,
And married.
Periods of gestation normal, without incident:
No mixed up genes or chromosomes;
No chemicals missing or too abundant;
No crossed-up nerves to give palsy's grimace
    for a smile;
No damage done to stunt the mind to grow
To age of nine, then quit;
No palate cleft, no six-toed feet, no ugly mark;
Each organ formed, whole, functioning;
All there, conformed, in standard order.
And all, all of that was luck
Now, we are pushed and hauled from darkness
    to light,
From comfort to pain,
at once;
Cords cleanly cut in the same aseptic conditions,
And, by equally competent physicians,
Whacked upside down with the same exact force
    on the same exact behind spot.
WHACK!
We begin again, punished and crying;
Yowling and howling,
Gagging and spitting,
To be cleansed and washed and swaddled,

So that we will be
A delight to daddy,
(Peering through the barrier glass.)
Posed puckering by a gauze-faced nurse who
dares not breathe upon us for fear of
What might happen!
And what might happen?
I will write it:

A thousand diseases, named and not named,
Await.
From Addison's to zymosis;
A myriad of ways to lose a foot, a hand;
To crush a bone, to twist a nerve,
To scar our beauty, defeat our skills, our arts,
our goals.

(No terror, friend:
I write you, safe.)

You cough?
It is a popcorn hull.
I cough, it is a malignant cell, untamed,
To gather strangler's strength and kill.
Your measles are a speckled joke.
Mine conceal a damaged heart,
That will allow,
But half a life--a third? a tenth?
--forevermore.

When you first stumble (parents watching)
on your roller skates,
You will fall and skin your knee.
I, will break my leg,
And on that spot,
Give home to a germ, marrow-seeking.
The bone will rot,
Crippling me - crippling me.

And in the war, the bit of steel named "you"
Will pass swiftly clean, through flesh.
(To scar, as badge of valor.)
The one named "I" will slice the spinal cord,
So I cannot walk, or grasp, enfold,
Work, or marry; will not live.
(perhaps, exist.)
Mine, the car the beer-hung worker on that day
Left loose-bolted.
At seventy turnpike miles-an-hour the wheel
collapses,
And in the moment,
As seat-belt snaps and I fly,
Fifty feet away, I recall,
I took bad luck away from you.
All this and more
Depends on luck,
I gave you mine.
(I wrote it so.)

Who, now, will turn to me?
Who will help?
Will it be you?
Will it be you?

FADE to black and hold 5 sec.

FADE IN

1. LONG
As background, from high angle, we see an area of an unidentified campus, students criss-crossing. Intercut with ground shots, students and faculty.

SUPERIMPOSE LEGEND

This film is addressed to University and College graduates and undergraduates. It is for those whose experiences have inspired a desire to to be helpful to others, and who understand the abilities to help those in need, effectively, are acquired ones, requiring major skills developed through continuing education and professional growth.

NARRATOR:

We are to speak of a modern, helping profession: Rehabilitation Counseling. We hope you will find the opportunities it affords of interest to you as you choose your vocational goals.

DISSOLVE TO

2. LONG. A representation of an area of the world of early man. We are on a plain, a mountain range rising in the background. In middle distance, rocks appear to have been crudely shaped and piled in some sort of order. In foreground, two clay figurines, skin-dressed, animal-like, are accepted by us as "cavemen." One, bullying, dominant, stands in attack position, club raised. The other, smaller, frail, cringes before the blow.

NARRATOR:

It is said that when man was of the animals, only the fit survived.

QUICK CUT

3. CLOSEUP. The attacked man. (ZOOM to EXTREME CLOSEUP)

QUICK CUT

4. CLOSEUP. The attacker. He lunges forward.

QUICK CUT

5. CLOSEUP. The attacked, head bloodied, on the ground.

MATCH DISSOLVE TO

6. CLOSEUP. The head of the attacked, withered as if in decomposition. ZOOM IN to EXTREME CLOSEUP.

MATCH DISSOLVE TO

7. EXTREME CLOSEUP. A human skull against the ground.

NARRATOR:

The ill and the injured, without aid. . .

DISSOLVE TO

8. EXTREME CLOSEUP. A pile of dust where the skull had been.

. . . perished.

DISSOLVE TO

9. LONG. Landmarks indicate the same area as in the "caveman" sequence. Now, however, a large rock has been carved into a totem or idol. In foreground, a fire blazes. Behind it, a figurine of a shaman or witch doctor, masked and painted, is in posture of ritual dance.

DISSOLVE TO

10. LONG. Same area by landmark, but architectural arch indicates Early Nile era. A breech-clouted man ministers to another. ZOOM IN.

DISSOLVE TO

11. MEDIUM. Same area, Greco-Roman architecture. A physician ministers to a patient. ZOOM OUT.

DISSOLVE TO

12. LONG. Same area, Middle Ages. A Monk ministers to a man. ZOOM IN.

DISSOLVE TO:

13. CLOSEUP. The head of a man. It is of clear plastic so that we see the vessels and organs. TILT AND ZOOM OUT to reveal the Anatomical Man in LIMBO.

NARRATOR:

Above all, each man, we say today, is of value to himself and to others. The ill and the injured not only can be helped; they have a right to be.

DISSOLVE TO

14. MEDIUM. A Nurses' Station on a patient floor of a general hospital. DOLLY BACK with vertical action to busy criss-crossing of nurses, attendants, patients.

NARRATOR:

Today thousands upon thousands of human beings devote full time to the physical well-being of their fellows, through the medical sciences.

CUT TO

15. A MONTAGE, quick cut. An impression of quantities of expensive, complicated equipment and skilled people involved in physical medicine.

NARRATOR:

We have devised advanced techniques requiring increasingly sophisticated equipment: demanding higher and higher skills. We point proudly to statistics indicating that more of us will survive illness or injury in our lifetimes, and our lifetimes have been extended.

CUT TO

16. LONG and sequence. Exterior of a general hospital. A man in a wheelchair is pushed through the doors by two orderlies. As his wife hovers solicitously, he is lifted, with difficulty, into the front seat of a car parked at the curb.

NARRATOR:

But is survival enough? Disease arrested, injury repaired, what then? Do those of us who survive with a measure of disability, somehow lose our rights to live fully? To work, to enjoy, to achieve?

CUT TO

17. MEDIUM. A middle-aged, vagrant, wino, drunkenly asprawl the steps of a building. A wine bottle shows in his pocket. Beside him, a can of pencils and a bedraggled sign, "Please Help" indicate that he is a beggar.

NARRATOR:

Shall we buy it all off with a pencil, and let it go at that? . . . Sweet charity?

18. MONTAGE. Quick cut, reminding us of the things of living we take for granted. Disabled persons are included in the activities, but not underlined.

NARRATOR:

No. Today we say that much lies beyond repair of illness or injury. We insist that the disabled retain every right to discover their potentials for living and to reach out for the resources with which to realize them. Our instrument is a profession . . .

CUT TO

19. CLOSEUP A young man against a closing door.

NARRATOR:

. . . Rehabilitation Counseling.

DOLLY out to reveal that he has entered a hospital room. There is a man in the bed.

NARRATOR:

We will find it where the need is--in this instance, in the hospital.

CUT TO

20. CLOSEUP The man in bed. He is looking at our counselor as though at a stranger, wondering what his business is.

NARRATOR:

Let us say this man is, or was, a city fireman. It is his craft, his vocation, chosen some years ago with deliberate consideration of the satisfaction and rewards he could expect from it.

CUT TO

21. TWO SHOT The man in bed, and the counselor, who has taken a chair alongside. The counselor is introducing himself, smiling.

NARRATOR:

He has not thought, since, of any other. In his mind, at this moment, if he is not a fireman, he is nothing.

CUT TO

22. CLOSEUP The lower half of the bed. We see, by the configuration of the covering, that the man is without legs. PAN to the man's face.

NARRATOR:

And he cannot be a fireman again. It would be easy, now, for him to slip behind the walls of his home and be nothing, there submitting, without contest, to the processes of aging . . .

CUT TO

23. TWO-SHOT The man and the counselor.

NARRATOR:

. . . dependent, and with a will only to exist; and perhaps then only to exist as briefly as nature will allow.

CUT TO

24. CLOSEUP The counselor. He is speaking, friendly, warm.

NARRATOR:

The Rehabilitation Counselor has no gift to give; not in the sense of alms, or sympathy. He offers his client the means with which to open doors to purposeful living.

CUT TO

25. MEDIUM TWO-SHOT. The counselor and the man.

NARRATOR:

He must come to know this man, his strengths, his weaknesses, so that he

25. (Continued)

can help the man know himself. He will help him to find, and assert, his right to full membership in society--a right no more and no less than the rights of the non-disabled.

CUT TO

26. CLOSEUP The man in bed. He is beginning to react, with some interest, to the counselor.

NARRATOR:

He will place before him opportunities to reach out for the resources that will enable him to fulfill his potentials for living.

CUT TO

27. TWO-SHOT The counselor and the man.

NARRATOR:

The counselor begins, now, by seeking to understand this man--

CUT TO

28. CLOSEUP The man, he is talking, reflectively.

NARRATOR:

--by exploring with him, who he is and what he is, and what he can become.

CUT TO

29. CLOSEUP The counselor. He is listening intently.

29. (Continued)

NARRATOR:

Knowledge and training are his resources.

DISSOLVE TO

30. A MONTAGE, of the handicapped, in work training and evaluation situations.

NARRATOR:

The Rehabilitation Counselor strives to create an atmosphere in which disabled people can examine what their handicaps mean.

CUT TO

31. LONG. Cafeteria of a rehabilitation center. It is crowded with lunchers.

NARRATOR:

Must we call them handicapped? If we do, what have we done? We have labeled and tagged people who are not as we are. The moment we say the word . . .

FREEZE FRAME, so that it appears that we are looking at a still photograph of the scene.

NARRATOR:

. . . we create another world, and we stand outside of it looking at it and not into it, because, by the word, we have made it strange and not like ours. To counsel . . .

UNFREEZE, return to speed.

. . . we must be capable of sharing his world. Only empathy will open this world to us; empathy, not sympathy.

CUT TO

32. A MONTAGE, quick cut. Extreme Closeups of the eyes and lips of a variety of people. The eyes search ours, the lips speak to us.

NARRATOR:

The counselor attempts to help another human being to understand how he feels and what he thinks. This is not easily done well, even with special skills.

DISSOLVE TO

33. TWO-SHOT Counselor and client, a negro.

NARRATOR:

Causes of disability, the handicaps and the environment in which he deals with them, are manyfold.

CUT TO

34. MEDIUM Another office, a counselor with a young man. We see that the young man is concentrating, with difficulty, on what the counselor is saying.

NARRATOR:

There are handicaps stemming from congenital accident--some come into the world with them: mental retardation . . .

CUT TO

35. LONG. A counselor- Evaluator with client.

NARRATOR:

. . . cerebral palsy.

CUT TO

36. MEDIUM, two-shot. A boy with a speech therapist. The therapist is lip-forming words, the boy imitating.

NARRATOR:

. . . aphasia. Many others.

CUT TO

37. LONG. Heavy industrial machinery, in movement.

NARRATOR:

There are accidents of men and machines in industry . . .

38. Quick cut. CU's. Wrecked car.

. . . in travel . . .

39. LONG. A carrier landing.

. . . in war.

DISSOLVE TO

40. MONTAGE. A study of the aged.

NARRATOR:

There are the handicaps of time.

41. LONG. High angle. A corner in a ghetto, populated by idle men, drinking.

41. (Continued)

NARRATOR:

There are the accidents of environment. The poverty stricken, the disadvantaged, the delinquent, the disturbed are handicapped. All need help, all have a right to it. . .

CUT TO

42. LONG AND TILT. A building, obviously a prison.

NARRATOR:

. . . Wherever they are.

43. EFFECT. A street crossing for crowds of legs and feet moving.

NARRATOR:

There are so many, each with needs, wants and capabilities as variable as the color of their hair or skin; their size, weight, appearance, background, environment and on and on.

DISSOLVE TO

44. LONG. Exterior. A vista of overgrown farm land. Rusted machinery. A wind damaged barn. Far off down a footpath a man walks toward us. It is not until he is almost to us, and turns, that we see he has only one arm.

NARRATOR:

Disability knows no time or place. In the United States, by state, its locations number fifty. By county thousands. By

44. (Continued)

city, town, village, crossroads, isolated farmhouse or ranch: uncounted. The disabled are where they are. The counselor is needed there.

DISSOLVE TO

45. SEQUENCE A sheltered workshop. We see the disabled at work.

NARRATOR:

Basically, the counselor seeks to help the client establish goals and to assist him to act to achieve those goals. The counselor's skills are used to help the client understand himself, and his needs; to learn to reach out toward his potentials, determine the resources available to him, and utilize them.

DISSOLVE TO

46. LONG. A staff conference.

NARRATOR:

To do this, the Counselor must know the resources. He must have close professional relationships with those who provide needed services, and he must have an understanding of, and a respect for, their skills.

CUT TO

47. LONG and intercut. A young man, a counselor, on a college campus speaking with a member of the faculty.

47 (Continued)

NARRATOR:

He must keep constantly abreast of new discovery, new directions, not only in his own field, but in others. His education and training must be on-going. He requires a broad background of knowledge in the behavioral sciences which can be applied to the understanding of human beings. This knowledge can only be secured through study and training.

DISSOLVE TO BLACK
AND WHITE
(The following B & W sequences shot for candid effect.)

48. SEQUENCE. Sam Lauricella, Rehabilitation Counselor, arriving at his office to begin a day's work.

SAM:

For the most part my day usually begins when I am within sight of this building. It is then that I begin to think about and plan my day's activities! The already arranged counseling appointments and conferences, and the subsequent case dictations and other necessary paper work. This office affords me the place and the tools to carry on my work, though I spend a great deal of time away from it in the course of my work.

DISSOLVE TO

49. SEQUENCE. Sam Lauricella, discussing a case with June, Rehabilitation Counselor specializing in psychiatric cases; and Margaret, student intern.

SAM:

Our first appointment today is with June and Margaret. Margaret is a student intern from the University where she is working on her Master's degree in rehabilitation counseling. June is a colleague who has specialized in counseling with the emotionally disabled, and we are seeking her help. We are discussing here a case involving a twenty-eight-year-old client with a history of severe emotional difficulties. Prior to coming to our division she had held two jobs for very short periods of time. For my work with her she was placed in a job which she held for one year, following an incident, which might be considered normal by us, triggered an emotional reaction, and she quit. Our goal is to find a more suitable situation for her, and to help her work through some of her difficulties . . . .

Margaret will be working under my supervision, and is concerned that she fully understands her role.

DISSOLVE TO

50. SEQUENCE. Sam visiting nursing home where a client is employed to speak with her employer and with her.

50. (Continued)

SAM:

As I said, I don't spend a lot of time in the office. My work is providing services to disabled clients in a nearby county. At this nursing home I have a client placed as a nurse's aid. I first stop to talk with the employer about her progress, and also to see how he is reacting to her, and her work. A good part of the D. V. R's counselor's job is public relations or selling the vocational abilities of disabled clients to the employer. While this employer doesn't have to be sold, many of them have the same prejudices against the disabled as some of the general public, and they need to be educated and assured that the disabled make competent and efficient workers.

Lorraine is a young woman who also has had emotional difficulties. We've worked out many of these fairly well, and we've had her trained as a nurse's aid, and she was recently accepted as a full-time employee at the nursing home. She still has some fears, and lacks sufficient confidence in her ability. My purpose is to give her support.

I see that she is under some tension, and will not express herself freely in the hallway. We will move to more private surroundings to continue our discussion. Despite her feelings of the moment, I believe that she

50. (Continued)

has the potential to work through these difficulties and to succeed in her job.

DISSOLVE TO

51. SEQUENCE. Sam at Niagara University with amputee, Mr. Horn.

SAM:

Recently my job has become concerned with providing counseling services to disabled individuals who show college potential. The majority of these individuals are referred to me by high school officials, such as guidance counselor, school nurse, the teacher, and so on. However, many of my clients in college are adults who have had their employment disrupted by a disability, and must now gain training to go into a different career.

Such an individual is Mr. Horn. Mr. Horn had both his arms amputated following a farm accident. Prior to this he had been employed as a farm manager for several years, and lacked formal education to advance himself. While hospitalized at the V.A. Hospital, he was helped to obtain a high school equialency diploma and his artificial arms. The V.A. counselor referred him to our agency, and to me, with the recommendation that he be considered for college training. With assistance from our agency, he is now entering his sophomore year. This is a routine

51. (Continued)

supervisory contact with Mr. Horn, to provide him with a chance to discuss any additional services he may need. This type of encounter may be referred to as guidance counseling, and is a very necessary part of my job. Often the lack of such services may mean the difference between success and failure for the individual.

DISSOLVE TO

52. SEQUENCE. Sam at Community Rehabilitation Center with intake client, an epileptic.

SAM:

I find myself utilizing the rehabilitation center a good deal these days. The center serves many purposes for one in my day-to-day work.

It offers a facility to evaluate and train my clients. It is a source of client referral. It also provides me with office space to do some of my counseling. Finally, it sometimes provides insight into how my clients feel about their disabilities. The client who can comfortably associate with other disabled individuals is probably more adjusted to his limitation and limitations than the client who is threatened by their presence.

I'm here at the rehabilitation center today for an initial interview with Jim. During an initial interview my purpose is usually

52. (Continued)

to allow the client to discuss his problem as he sees it, and what his goals are in coming to me for assistance. In doing so, a relationship begins; and its effectiveness may rest on this initial contact.

Jim is an eighteen-year-old, recent high school graduate, who states his problem as being a difficulty in locating and holding suitable employment. As is the case in many counseling contacts, the presented problem may not really be what is troubling this client. During our conversation it becomes apparent that there is much more to his situation than just placement problems. Like many adolescents, he is not sure of his vocational potential, and interests, and is generally indecisive. He twice expresses concern over having to remain dependent on his family. These typical problems of many teenagers are compounded by those encountered as a result of disability. Thus he is also experiencing employer discrimination and rejection towards him as a disabled person. All of these feelings will need to be dealt with in length in future counseling sessions. Nevertheless, as we progress through the interview, I sense the beginning of a good rapport, and I feel strongly that Jim has the potential to solve his difficulties in counseling.

DISSOLVE TO

COLOR

53. MONTAGE. Recap and new. Counselors with clients.

NARRATOR:

The Rehabilitation Counselor is engaged in a helping profession. He reaches out to those in need. He guides but does not lead. He not only listens, he hears. He speaks more of empathy, than of sympathy. His helping hand is to be grasped.

CUT TO

54. CLOSEUP. The legs and feet of a hospital-dressed patient using walking bars.

NARRATOR:

A hundred. . .

CUT TO

55. RECAP. LONG. The ghetto loungers on the corner.

NARRATOR:

A thousand. . .

CUT TO

56. RECAP. CU. Legs and feet in a moving crowd.

NARRATOR:

A hundred thousand, wait.

CUT TO

57. MEDIUM and truck. The man in the Wheel chair of Sc. 16, LIMBO BG. We follow him to a desk. It is empty. Name plate reads "Rehabilitation

57. (Continued)

Counselor." Now a young man, back to us so that we cannot identify him, takes the desk chair.

NARRATOR:

Will it be you?

DISSOLVE TO

58. MONTAGE. Scenes of a busy campus, as in Sc. 1.

SUPERIMPOSE: Credits (Advisory Committee, Consultants, Cooperating Agencies, Producer.)

FADE ALL

APPENDIX B

Preliminary Reactions of:
Professionals Associated with Rehabilitation Counseling

Questionnaire 21M - RC

Instructional Communication Center

PROJECT MP

The major objectives of the film "WILL IT BE YOU?" are to interest undergraduates in pursuing rehabilitation counseling careers and to inform the general public of the goals and services of the rehabilitation counseling profession. The following questions have been designed to allow you to judge this. Spontaneous remarks regarding either one of the following questions or the film will be welcomed.

1. To what extent does the movie's philosophy of rehabilitation counseling agree with yours?

   A. ____ A great extent, I agree with all the major points.

   B. ____ Not perfectly, there are several points of contention.

   C. ____ I agree with most of the film.

   D. ____ I disagree with many aspects of the film.

   E. ____ Very little, I disagree with most of the film.

2. Does the film clearly explain why rehabilitation counseling is important?

   ____ YES ____ NO

3. Concerning the nature of the rehabilitation counselor's tasks,

   A. Are they described explicitly enough?

   ____ YES ____ NO

   B. Is their theoretical foundation explained sufficiently (for the proposed audiences?)

   ____ YES ____ NO

   C. Do they seem structured?

   ____ YES ____ NO

   D. Would they appeal to the average undergraduate?

   ____ YES ____ NO

   E. Does the film indicate whether mathematics majors would have the necessary background to become a rehabilitation counselor?

   ____ YES ____ NO

4. Does the film adequately indicate the potential clients with which a counselor might deal?

   ____ YES ____ NO

5. In general, in the film is there enough information given about the field?

   ____ YES ____ NO

6. Is the film's emotional content (emotional appeal) appropriate?

   ____ YES ____ NO

7. Does the film indicate any disadvantage to entering the field?

   ____ YES ____ NO

8. Does the film adequately portray the satisfactions obtainable through being a rehabilitation counselor?

____ YES ____ NO

9. Concerning the technical aspects of the body of the film,

A. Is the continuity adequately handled? ____YES ____NO

B. Does the film have a logical sequence of events? ____YES ____NO

C. Are there any unanswered questions raised by the film?____YES ____NO

D. Are there any contradictions in the film? ____YES ____NO

E. Does the music seem appropriate? ____YES ____NO

F. Were there any sections of the film during which your attention failed? ____YES ____NO

10. Would the film be appropriate on commercial television?

____ YES ____ NO

11. Does the film seem appropriate for a group with widely different educational backgrounds?

____ YES ____ NO

12. Which of the following aspects of the prologue (the abstract introduction) would appeal to undergraduate students? Which would appeal to the general public?

	Undergraduates	General Public
A. The free verse	____	____
B. The content	____	____
C. The humanitarian philosophy	____	____
D. The abstract visuals	____	____
E. The narrator	____	____
F. The historical background	____	____
G. The music	____	____

13. Which of the following aspects of the prologue would be incompatible with the tastes of undergraduage students? Of the general public?

	Undergraduates	General Public
A. The free verse	____	____
B. The content	____	____
C. The humanitarian philosophy	____	____
D. The abstract visuals	____	____
E. The narrator	____	____
F. The historical background	____	____
G. The music	____	____

14. Do you believe the film should have indicated expected salary ranges?

____ YES ____ NO

15. The film appears to have a contemporary approach and style. Do you feel this style will prove appropriate in five years?

____ YES ____ NO

16. Do you feel that a wider range of disabilities should have been discussed in the film?

____ YES ____ NO

17. Should more emphasis have been placed on the culturally disabled?

____ YES ____ NO

18. In portraying the role of the rehabilitation counselor, do you feel that the film concentrated too much on vocational placement?

____ YES ____ NO

19. Assuming that the film would appeal to undergraduate students who are interested in helping other people, do you think that the film would generate this interest in other undergraduates?

____ YES ____ NO

20. Was the break to the black and white sequence effective, that is, did the break emphasize the reality (realness) of the black and white counselor sequence?

____ YES ____ NO

21. Do you feel that more emphasis should have been placed on the academic preparation and activities of the counselors?

____ YES ____ NO

22. Was the emphasis on "LUCK" in the prologue (e.g. "I gave my luck to you. . .") appropriate--in accord with current philosophies?

____ YES ____ NO

23. What is the highest level of education you have attained?

____ undergraduate work no degree ____ Bachelor's Degree ____ Master's Degree ____Doctorate

24. If you are a student, indicate your current status.

____undergraduate student

____graduate student in master's program

____graduate student in doctorate program

25. What is your present occupation?

____administrator

____counselor

____researcher

____counselor educator

____student assistant

____other (please specify below)

26. If you are employed, please indicate the nature of your employment.

____rehabilitation agency
____employment agency
____school (elementary, secondary, "special" school)
____college or university
____other (please specify below)

27. Would you use this film?

____ YES ____ NO
Please indicate your reasons below.

The film "WILL IT BE YOU" and its evaluation are partially supported by a grant from the Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D. C.

7

Preliminary Reactions of:
Students Associated with Rehabilitation Counseling

Questionnaire 20M - RC

Instructional Communication Center

PROJECT MP

The major objectives of the film "WILL IT BE YOU?" are to interest undergraduates in pursuing rehabilitation counseling careers and to inform the general public of the goals and services of the rehabilitation counseling profession. The following questions have been designed to allow you to judge this. Spontaneous remarks regarding either one of the following questions or the film will be welcomed.

1. To what extent does the movie's philosophy of rehabilitation counseling agree with yours?
   A. ____ A great extent, I agree with all the major points.
   B. ____ Not perfectly, there are several points of contention.
   C. ____ I agree with most of the film.
   D. ____ I disagree with many aspects of the film.
   E. ____ Very little, I disagree with most of the film.
2. Does the film clearly explain why rehabilitation counseling is important?

   ____ YES ____ NO
3. Concerning the nature of the rehabilitation counselor's tasks,
   A. Are they explicit enough? ____ YES ____ NO
   B. Is their theoretical foundation explained sufficiently (for the proposed audiences?)

      ____ YES ____ NO
   C. Do they seem structured?

      ____ YES ____ NO
   D. Would they appeal to the average undergraduate?

      ____ YES ____ NO
   E. Does the film indicate whether mathematics majors would have the necessary background to become a rehabilitation counselor?

      ____ YES ____ NO
4. Does the film adequately indicate the potential clients with which a counselor might deal?

   ____ YES ____ NO
5. In general, in the film is there enough information given about the field?

   ____ YES ____ NO
6. Is the film's emotional content (emotional appeal) appropriate?

   ____ YES ____ NO

7. Does the film indicate any disadvantage to entering the field?

____ YES ____ NO

8. Does the film adequately portray the satisfactions obtainable through being a rehabilitation counselor?

____ YES ____ NO

9. Concerning the technical aspects of the body of the film,

A. Is the continuity adequately handled? ____YES ____NO

B. Does the film have a logical sequence of events? ____YES ____NO

C. Are there any unanswered questions raised by the film?____YES ____NO

D. Are there any contradictions in the film? ____YES ____NO

E. Does the music seem appropriate? ____YES ____NO

F. Were there any sections of the film during which your attention failed? ____YES ____NO

10. Would you use this film?

____ YES ____ NO Please indicate your reasons, on page 83.

11. Would the film be appropriate on commercial television?

____ YES ____ NO

12. Does the film seem appropriate for a group with widely different educational backgrounds?

____ YES ____ NO

13. Which of the following aspects of the prologue would appeal to undergraduate students?

A. The free verse ____

B. The content ____

C. The humanitarian philosophy ____

D. The abstract visuals ____

E. The narrator ____

F. The historical background ____

G. The music ____

14. Would any of the above aspects "turn off" the average undergraduate? If so, which one(s) and why would you believe so?

15. Which of those aspects of the prologue would appeal to the general public? Which might "turn them off?" Please indicate your reason(s).

16. This questionnaire is a prototype of one which will be used to study the reactions to the film of professionals in rehabilitation counseling and allied fields. Please indicate below any points that should be raised in discussing the film, strong or weak points of the film that should be studied, and any reactions to the film that you may have had and which have not been covered by this questionnaire.

Appendix C

Group Discussion and Reaction of Undergraduate Students to the Film

1--Freshmen

Wednesday, May 1, 1968

Freshmen

William G. Leslie	Engineering
Douglas Grobe	Biology
Linda Wittenberg	Biology
Nadine Post	Undecided
Cynthia Denner	Undecided
Linda Mills	Biology
Eleanor Gall	Music Education
Lany Rostokar	Biology

SO THAT I CAN IDENTIFY YOU, YOU'LL HAVE TO EITHER START YOUR ANSWERS BY SAYING WHAT YOUR NAME IS OR I'LL CALL YOU BY NAME. THE POINT IS THAT THE FIRST QUESTION THAT I WANT TO ASK IS WHETHER OR NOT YOU CAN GUESS WHAT THE PURPOSE BEHIND THE FILM WAS?

LINDA: I think it's two people trying to show the need for Vocational Rehabilitation Counseling.

ELEANOR: There seems to be a very strong undertone, even from the very beginning. Like fighting prejudice against the handicapped. Just the fact of calling somebody handicapped seemed more pointed to me because I'm handicapped and it's really very difficult. So figure that one out. It came right through that you shouldn't call people handicapped for want of a better word. We just don't have any in the English language at this time. I think the main purpose was to recruit people, and also to try and make somebody who isn't handicapped see the problem.

I SEE. DID ANYONE ELSE GET ANY IDEAS ABOUT THIS?

NADINE: I think that it tried to point out that people are just as disabled as they think they are. It's more psychological and if you, as a disabled person, have a better outlook, sort of reinforced by the help of these counselors, I think you can do much more than if you sit back and say, "Well, I have something wrong with me; I can't do anything about it." Life would just exist.

DOES ANYONE ELSE HERE FEEL THAT THERE WAS ANY OTHER PURPOSE BEHIND THE FILM?

DOUG: It seemed that it could have served the purpose of strengthening goals. If somebody wanted to go into the field when they're first starting out, the film could be shown to them to strengthen their desire to do this, and also show them more reasons for doing it. Or if there is a doubt about it, if they're not sure if they want to go into this field, then you could show this film to them.

OKAY. WELL LET ME ASK SOME OTHER QUESTIONS ABOUT THE FILM. FIRST OF ALL, HOW DID YOU LIKE IT? WHAT DO YOU SAY? WAS IT A GOOD FILM OR A BAD FILM?

CINDY: I think it was a very good film. It did touch on many aspects instead of just recruiting people and did help to overcome prejudice.

LES: It helps people realize what was going on in that field. That's basically it. The film kept interest--it was fairly interesting.

WELL, WHAT ABOUT SOME OF THE BAD FEATURES. DID YOU SEE ANY BAD FEATURES OF THE FILM?

LINDA: I think that towards the end it reminded me of a lot of things I had seen in school and it dragged a little bit.

DOUG: There was one part where they showed the particular case of the one counselor and his day; it seemed it might have been a bad choice of words but he said, "SELL THE HANDICAPPED PEOPLE." It seems like he is taking his job as a salesman and he figures that maybe he might get paid if he sells more handicapped people to different companies, or different employers. He used the word "SELL THE HANDICAPPED PEOPLE."

NADINE: I think you're just being realistic, because many employers won't take them otherwise. You didn't really have to do anything different to get these people employed. With some people it would be like ignoring reality in a way.

DOUG: I still think that that word SELL is unfortunate.

ALRIGHT, DO YOU HAVE ANYTHING TO SAY ABOUT THAT LES? (NO) WELL, LET ME ASK SOME OTHER QUESTIONS FIRST. WE'LL COME BACK INTO THIS A LITTLE LATER. WHAT ABOUT THE PRODUCTION AND THE PRODUCTION ITSELF, THE PHOTOGRAPHIC TECHNIQUES, THE BEGINNING AND THE MIDDLE, AND THE END OF THE FILM. HOW DOES THAT IMPRESS YOU? DOES ANYBODY HAVE ANYTHING TO SAY ABOUT THAT?

DOUG: In the beginning it seemed like it was a good record, like you'd hear on a phonograph. It wasn't too much as far as the visual content. But as it went on, you realize that that was an introduction. But if the whole movie had been like that it wouldn've been just as good as to record it. Play a record of it.

LINDA: I thought it was very specific but it had like a general tone, for the introduction. And then it went into the black and white section of the counselor's day (which I think was really the whole point of the film), of what he did, and how he did it.

SO THEN YOU FELT THAT THIS WAS GOOD AS A TECHNIQUE--SWITCHING FROM THE CARTOON TYPE TO A COLOR FILM AND THEN TO THE BLACK AND WHITE WAS EFFECTIVE?

LINDA: To really get down to the business of the film. The black and white film. And not be distracted by abstractions and color and things like that.

CINDY: I think that I disagree with Doug in that it should just be recorded. I think the visual part of it is needed. I thought it was very good.

DOUG: I was just saying that in the beginning it seemed that way. It seemed to serve a purpose as it kept on going but in the beginning it wasn't clear.

WHAT YOU ARE SAYING WAS THAT YOUR FIRST IMPRESSION WAS BEFORE YOU SAW THE REST OF THE FILM THAT IT WAS JUST GOING TO BE LIKE A RECORDING?

STUDENT: And those abstractions, I tried to figure out what was going on, what those abstractions were.

NADINE: Well actually we didn't know the purpose of the film. We were a group of people watching that film but we don't know the purpose of the film. I think that the visual part helped.

ELEANOR: I think to me, the beginning was disturbing. You didn't know what to expect. It seemed to be like an art film. The words and the visual content were abstract. I didn't know what was coming off until we got into the black and white part, the counselor's day. I have this awful terrifying feeling that I was just a terrible person doing absolutely nothing and it seemed to me that it had a great deal of scare content in the beginning. You know I had a feeling that somebody was going to jump out of the screen and recruit me.

IT WAS KIND OF THREATENING, THAT FIRST PART OF THE FILM.

ELEANOR: There may be a milder word, but threatening is the idea I got from it.

OKAY, WELL, WHAT ABOUT THE CONTENT OF THE FILM NOW. WE'VE GOTTEN A LITTLE BIT OF THE OVERALL GENERAL REACTION. WHAT DO YOU THINK ABOUT THE CONTENT? FOR EXAMPLE, WHAT DID YOU LEARN THAT YOU DIDN'T KNOW BEFORE?

NADINE: I wasn't going to list any specifics, but my major is occupational therapy and my fiance is a Physical Therapist and at the beginning of the school year, I didn't know about the Vocational Rehabilitation Center as such, but I knew the work that's been going on in rehabilitation.

SO YOU WERE ALREADY PRETTY FAMILIAR WITH THE FIELD AND YOU KNEW THERE WERE REHABILITATION COUNSELORS?

LINDA I: I had never heard of the counselor, like specifically that girl. I thought the film, when I was first watching it, was connected with physical therapy. And I had never seen that. Other than that, I didn't see anything that struck me as being new. It just sort of seemed like an extension of physical therapy, or occupational therapy. Something that I had thought was included in those roles but I didn't realize that it was.

NADINE: The rehabilitation counselor is more of a coordinator. He doesn't actually go into the therapy. He rounds everything out and coordinates it, advises the person more, talking rather than doing, working with machinery and stuff to help a person.

WHAT GAVE YOU THAT IMPRESSION? EXACTLY. CAN YOU NAME SOME OF THE SPECIFIC THINGS?

NADINE: They didn't show them doing anything except speaking to people, and they said he worked with other people and they showed him at that table, and they showed him working and visiting places. They didn't show him actually working in a therapy situation, but rather as an advisor.

DOUG: I realized counselors existed but I didn't know the methods.

LANY: I never really thought about rehabilitation counseling at all. I haven't had that much contact with handicapped people. Now I have a general idea of what people are doing for the handicapped. And this film makes me realize that you shouldn't ignore things like this. That certain things don't touch you in your life. And this film brought out the fact that there are many handicapped people and that I could become one myself. That there are people working that are handicapped. I never really thought about it before.

--AS AN OCCUPATION BEFORE. IF YOU DON'T HAVE MUCH TO SAY, YOU JUST HAVE TO SAY THAT YOU DON'T HAVE MUCH TO SAY. HOW ABOUT YOU?

STUDENT: I didn't realize people were doing that work exactly. I figured it was part of other therapy work. It informed me and it would inform the general public that there was such work being done, that they were just counseling.

LET'S GO ON THEN. LET'S TALK A LITTLE ABOUT YOUR REACTIONS. CAN YOU TELL ME WHAT THE PHILOSOPHY BEHIND THE PICTURE WAS? I'M NOT TALKING ABOUT THE OBJECTIVES NECESSARILY BUT WHAT WAS THE PHILOSOPHY THAT THEY WERE TRYING TO DESCRIBE? DOES ANYBODY HAVE ANY IDEAS?

NADINE: Possibly what I said before about getting to the handicapped people before they become wound up in themselves.

WHOSE RESPONSIBILITY IS IT?--TO DO THIS?

NADINE: You could say it's everybody's responsibility. Some people want to think that it isn't.

LINDA II: Not everybody cares. So the film brought out the point that not everybody cares. But everybody can't care.

ELEANOR: I got the feeling from the film that the philosophy was not so much hope for the handicapped person as usefulness, and so many uses that people seem to have in their life didn't seem right; I thought that the film would really bring home the point of hope or usefulness of the handicapped person if at the end of the film, the man who was in the wheelchair turned out to be the counselor. Because all the jobs that were shown for handicapped were either polishing shoes or putting egg cartons together or sewing. And it's not so. In fact, you have people like Steinbeck, great handicapped people, fortunate great minds in unfortunate bodies. I think that was lacking the film. That wasn't shown. A great blind person, maybe, doing something well.

ELEANOR: It shows hope, but I would have liked to see the finish of somebody who really made it because a counselor said he could do it.

NADINE: It could be a weakness in the film that fact that it glossed over the fact that maybe people would think of handicapped people polishing shoes, rather than something else. The other aspects should have been emphasized even more to bring that point home. Because it wasn't very obvious that that woman was a teacher. She was just sitting with other people and you couldn't tell that she was speaking or exactly what she was doing. It should have been emphasized more.

ELEANOR: The man moving the chess pieces seemed to have shock value. Everytime you see somebody with a hook, it naturally shocks you and if you see somebody playing chess like that, it gets your attention but you don't know why. I was sort of at a loss as to it's meaning.

OKAY. WELL, LET'S GO ON TO SOME OTHER QUESTIONS ABOUT THE SPECIFIC CONTENT. I'D LIKE TO ASK YOU IF YOU LEARNED ANYTHING ABOUT THE TRAINING OF A REHABILITATION COUNSELOR FROM THAT FILM AT ANY POINT. WHAT GOES INTO HIS TRAINING? NOBODY SEEMS TO HAVE ANY ANSWER ON THAT. I TAKE IT THAT YOU DID NOT LEARN MUCH AND THAT THIS MAY NOT HAVE BEEN THE OBJECTIVE OF THE FILM RATHER THAN SHOW YOU HOW HE'S TRAINED.

STUDENT: It seems to me the training is mostly just the ability to relate and communicate with people and to coordinate the efforts of people who want to help, who are willing to take a chance. This is the way most employers feel about hiring the handicapped.

I WAS TALKING ABOUT THE TRAINING OF THE REHABILITATION COUNSELOR. BUT. . . . IT CERTAINLY WAS NOT STRESSED IN THE FILM. BUT, I'M NOT SURE THAT IT SHOULD HAVE BEEN. WHAT DOES HE NEED TO KNOW? THE REHABILITATION COUNSELOR?

LINDA II: He needs to have a background in psychology. He needs understanding.

ELEANOR: I don't know if this was pointed out in the film or not. The person presented seem to have a great knowledge of himself and security. And it seemed to me that a person going into that field would have to be alright himself, who felt that this was what he wanted and had empathy and not sympathy. I think that the purpose of the film wasn't exactly to show how you become a rehabilitation counselor therapist, but more or less what the qualities of a person are and all the possibilities.

NADINE: Didn't you contradict yourself? Before you said you would have rather seen the man in a wheelchair at the end of the film as the counselor.

ELEANOR: I mean psychologically, a whole person.

NADINE: Psychologically, but not necessarily physically.

ELEANOR: No, I mean a physical person can be whole psychologically, but the whole person is one who can relate, and as far as I was concerned be whole as to relating to people and still having empathy. But that fellow in the wheelchair was just bringing the final point of hope, that you're a whole person even if you're lacking physically.

HOW DO YOU FEEL ABOUT THAT?

NADINE: I thought she meant "whole" psychologically, that is, like not having any handicap or anything.

WELL LET'S TALK ABOUT WHAT TYPES OF CASES THAT HE DEALS WITH. WHAT TYPES OF CASES DO YOU PEOPLE NOW THINK THE REHABILITATION COUNSELOR DEALS WITH?

CINDY: You seem to touch on several fields. . . mentally retarded, and a form of epilepsy, and physically handicapped. . . . loss of arms, parts of your body.

SO WHAT DOES THAT MEAN TO YOU?

CINDY: Just about everything.

THAT HE DEALS WITH ALL TYPES OF DISABILITY. ANYONE ELSE? WELL, HOW ABOUT MENTAL DISABILITY?

LINDA II: It seems to me that many people can get involved with mental disability, even people that are physically disabled. These were disabilities causing a psychological disorder.

SO THAT SOME DISABLED PERSONS MAY BE DISABLED MENTALLY AS THE RESULT OF A PHYSICAL DISABILITY. HOW ABOUT THE EXTENT OF MENTAL DISABILITY?

STUDENT: It didn't seem to deal with people who were violently ill or anything really serious, just small things that could be handled, and taken care of.

YOU FEEL THAT HE DIDN'T DO ANY REAL PSYCHO THERAPY, IN OTHER WORDS. . . (NO) WHAT GAVE YOU THAT IDEA?

LINDA II: Well, that case where this girl had problems keeping a job. Every little thing would set her off and she would quit her job. So, he didn't want to solve her problem, he just kept putting her into a new situation to see if she could work it out herself. And instead of giving her support like trying to figure out what's wrong with her, he just kept telling her that she could do it. Maybe he was instilling confidence in her so she could work out what's wrong with her by herself.

LINDA I: The point that disturbed me was the fact that it seemed that they were pushing her away, ignoring the fact that she had an emotional problem. They weren't discussing that.

IT BOTHERS YOU THAT THE WOMAN SAID, FOR EXAMPLE, " I WOULDN'T GO INTO ANY OF THE REASONS FOR HER PROBLEMS."

LINDA I: It seems that they could coordinate with another type of therapy. You never can tell, it might show up again.

LINDA II: Dont' say they're handicapped, because that shuts them off from the world, by themselves. But I think they're doing that themselves. I'm not denying that there's a problem in not facing it with the person in the first place.

IF YOU ARE AVOIDING THEM, A GREAT MANY OF THE ISSUES ARE INVOLVED.

DR. RAZIK: Like what?

LINDA II: Like whatever it is that's wrong with her. Well, I don't know whether it works that way or not. . . to put someone in a job when they don't have confidence in themselves to take care of it. Or if they would have confidence in themselves to take care of it. Or if they would have the ability to form that confidence even though they still have the problem, whatever it is. I'm talking about psychological problems.

In the film, he never did direct the person to another counselor. He just avoided it, as everybody else said. He didn't say, well, maybe you should see someone else. I don't think that that was right, because it seemed aside from the main problem.

THE MAIN PROBLEM WHICH MAY BE SOME MENTAL LIMITATION, WHICH HE DID NOT FEEL COMPETENT TO GOAFTER. OKAY, WELL LET'S TALK ABOUT THE TYPE OF PEOPLE WITH WHOM THE REHABILITATION COUNSELOR DEALS. HAVE YOU ANY IDEAS AFTER SEEING THE FILM? WHO DOES HE DEAL WITH? LET'S TALK ABOUT THE CLIENTS FIRST. WELL, LET'S TALK ABOUT THE OTHER PEOPLE HE DEALS WITH, LIKE THE EMPLOYERS. CAN YOU NAME THE DIFFERENT PEOPLE WHO WERE INTERACTING WITH THE REHABILITATION COUNSELOR? ANY VOLUNTEERS?

ELEANOR: I remember the one man working with the girl who became the nurse's aid and it seemed that he was also interacting with the students--trying to get them out in the field cases, not just dry classroom atmosphere. I know it's hard to make a film like this, but the presentations bothered me. I wasn't really sure that the man that worked there--the employer of the nurse's aid was really saying what he thought or if he had prescribed lines to say. He seemed a little unnatural and I didn't know if the whole film was planned, in script and dialogue. I don't know if it would help to say it was, if you're showing this for instructional purposes. Like a lot of times you see on television when they go and make a film on the Goodwill or the women who recruits for the Goodwill is handicapped herself. She has prescribed lines to say, and I think the air of being spontaneous or real is a little bit missing.

YOU FELT THAT IT WAS KIND OF ACTED OUT?

ELEANOR: Yes, the man in particular, the employer bothered me.

WHO ELSE DOES THE REHABILITATION COUNSELOR INTERACT WITH?

NADINE: In the meeting there were physical therapists, occupational therapists; there must have been a psychologist there.

ANYBODY ELSE?

DOUG: As far as employers, that eighteen year old boy with epilepsy couldn't work at the drugstore because the employer was afraid he was going to steal drugs. It seemed to me that the counselor didn't talk to this employer, but he should have. Possibly.

SO PART OF HIS JOB IS TALKING TO THE EMPLOYERS AND GETTING THEM TO ACCEPT THE DISABILITY AND SEE THAT THE DISABILITY ISN'T GOING TO HURT THE EMPLOYER-EMPLOYEE RELATIONS?

CAN YOU THINK OF ANYBODY ELSE WITH WHOM THE COUNSELOR INTERACTS, LIKE ANY SPECIFIC INCIDENTS? HOW ABOUT MEDICAL DOCTORS?

NADINE: There was a hospital scene.

YES, SO HE DOES HAVE TO INTERACT WITH THEM TOO. THE COUNSELOR IN THE BLACK AND WHITE PARTS SPOKE ABOUT GETTING REFERRALS. FROM WHOM DID HE GET THE REFERRALS?

NADINE: From the doctors of the V.A.

ANY OTHER SOURCES OF REFERRALS?

DOUG: I'm not sure if it was brought out in the film, but it could've been the families of the people.

THROUGH AGENCIES. ANY OTHER SOURCES OF REFERRALS?

STUDENT: The one on epilepsy seemed to go himself. It seemed that by chance that he had heard about it. You know if you were at the end of your rope, you could just go through the telephone book and take a chance on it. I got the idea that he just went on his own initiative.

DO YOU THINK HE MIGHT HAVE FOUND OUT ABOUT THE REHABILITATION SERVICE THROUGH THE HOSPITAL? SINCE, HE WAS EPILIPTIC, HE MUST HAVE RECEIVED MEDICAL ATTENTION.

STUDENT: That might be it, but that idea wasn't brought out. Like physically handicapped persons going from doctor to doctor for each specific problem, and going to the counselor who seems to be the coordinator. I don't know if it was pointed out that this is not the only place that you can go. That isn't the only problem.

WE'VE TALKED ABOUT BASICALLY WHAT A COUNSELOR DOES. WHAT ARE HIS GOALS? THIS GOES BACK AGAIN TO THE PHILOSOPHY IN A SENSE, BEHIND THE PICTURE. WHAT DO YOU THINK THE REHABILITATION COUNSELOR'S GOALS ARE? AND SPECIFICALLY CAN YOU TELL ME ANY PART OF THE MOVIE THAT GAVE YOU THE IDEA OF WHAT HIS GOALS ARE?

DOUG: Well, his goals are to help the handicapped become productive people in the community. . . that is, in a sense all that it showed there.

CINDY: I think especially the nurse's aid. He found a job for someone who was handicapped. She was working well and they were very pleased with her work.

NADINE: I think they had a scene about the man who had been a fireman. Well, the idea was to rehabilitate him, to make him useful in some other aspect, other than what he did before, because that seemed impossible.

STUDENT: There seemed to be an undertone of not only rehabilitating the person and making him useful but also of making him happy. It wasn't said in so many words. In the scene taking the man from Roswell Park and putting him in the car--he's alive and they said is that enough, that you could rehabilitate him and train him. But the idea I think they're working toward is a smile on a person's face. It was a little bit gray, but I think there are crusaders still working for personal satisfaction and happiness. Even to help overcome such things.

SO THIS IS WHAT HE DOES OVER AND ABOVE WHAT A DOCTOR CAN DO THEN? A DOCTOR CAN CURE HIM AND ARREST THE DISEASE. . .

STUDENT: But I think the goal is real happiness and a feeling of success for the person, not just that he's useful. But that he's happy. You gathered that after seeing the film; nobody ever said it in so many words.

LET ME ASK YOU ANOTHER QUESTION. THIS IS GOING TO REQUIRE A LITTLE BIT OF MEMORY. A VERY SMALL INCIDENT. HE SPOKE OF THE REHABILITATION CENTER, IN THE BLACK AND WHITE SECTION OF THE FILM, AND THE COUNSELOR SAID THAT THERE WERE SEVERAL PURPOSES SERVED BY THE REHABILITATION CENTER. CAN YOU REMEMBER WHAT ANY OF THOSE PURPOSES WERE?

LINDA I: It provided a place for him to hold conferences and meetings.

NADINE: Didn't he say that it was a place where clients could interact with each other or run together or not run together.

ANYTHING ELSE A REHABILITATION CENTER CAN DO,OR ANY OTHER PURPOSE THAT IT SERVES?

STUDENT: From the practical standpoint is just the bookkeeping and the records. I imagine he would have a catalog or a directory so he can refer people. That's where people apply and put down on paper and record it.

LES: It serves as one central location, where the work can be done.

WHAT WERE THE FEELINGS YOU HAD WHILE WATCHING THE FILM? WHEN YOU TALK ABOUT THESE THINGS, I'D APPRECIATE IT IF YOU WOULD TELL ME WHAT THE INCIDENTS WERE THAT TRIGGERED OFF THESE DIFFERENT FEELINGS. FOR EXAMPLE, ELEANOR SPOKE OF A FEELING OF ANXIETY. THAT MAY BE A STRONG WORD TO USE IN THE BEGINNING, IN THE INTRODUCTION. WHAT OTHER FEELINGS WERE TRIGGERED OFF IN THE FILM? SPECIFICALLY WHAT DID TRIGGER OFF THESE FEELINGS?

LINDA I: I think that in the beginning the tone of voice of the person who was speaking was very vivid. Sort of frightening. I really felt very upset.

YOU WERE UPSET BY THE INTRODUCTION. YOU FELT THAT THE NARRATION WAS POOR?

LINDA I: It was the tone of the voice and the way he spoke. What he said wasn't upsetting; it was the way he said it.

DID YOU FEEL THAT HE WAS CHALLENGING YOU?

LINDA I: Yes, or towards the end you feel that way.

SO YOU DID FEEL A LITTLE THREATENED BY IT IN A SENSE. I KNOW THREATENING IS A HARD WORD LINDA, BUT IT HAS A LOT OF EMOTIONAL MEANING. I THINK IT FITS. . .

LINDA I: After the film was over I felt more--well, I didn't feel threatened anymore.

WE WERE TALKING ABOUT THE FEELINGS THAT YOU HAD AND WHAT TRIGGERED THEM OFF. DOES ANYONE ELSE HAVE ANY PARTICULAR FEELINGS THAT WERE TRIGGERED OFF IN THE FILM?

LINDA II: It was disturbing, seeing all those things jumping out at you, like jagged lines on the white background. Everything started out peacefully. And there were none of these repulsive diseases.

YOU DIDN'T FEEL THAT IT WAS CLEAR?

LINDA II: That voice. It reminded me about some commercial about cancer, some inevitable thing. There's nothing you can do about it. After a while, it was disturbing and then I felt some sympathy about what can be done. Toward the end of the film they kept emphasizing the point that there are hundreds of counselors around.

DOUG: I got the impression that from the one incident about the nurse's aid that there's a certain degree of trial and error, hit and miss, with this counseling because she suffers in one situation and quits, so they try another one. I don't know if it was an educated guess or what. Just put her into another situation hoping that it would work.

DO YOU FEEL THAT IT WAS KIND OF A RANDOM GUESS THAT HE MADE AS TO WHERE TO PUT HER?

DOUG: Well, I don't know the background of how he did it. But that's the way it seemed to me in the film. She didn't work in one job so he put her in another.

ANYBODY ELSE HAVE ANY IDEAS?

ELEANOR: The first thing was anxiety. As you went on there was confusion and you didn't know what was coming off. I don't know if anybody else felt it, I felt anger about the handicapped people just sitting putting egg cartons together. It burned me to no end. Like a blind man selling pencils or something. I felt like, "What can I do, what do you want me to do?" At the end I felt a calm but I still got the idea that this was all shock value. People turn away from anger and anxiety. This is what I felt emotion-wise.

YOU FEEL THAT THE FILM WAS DESIGNED TO AROUSE THESE EMOTIONS IN YOU?

ELEANOR: It really held your interest and I thought, "What could I do?" What am I doing wrong or what am I doing? I did get the feeling of sympathy and empathy. The empathy I felt was situations that were either in my family or I had known before. At the end I felt more comfortable but when they showed the back of the chair, WILL IT BE YOU ? I felt like, "What's next?" Not so much disturbed but expecting something.

DID YOU FEEL IT WAS LEADING UP TO ANYTHING DURING THAT LAST PART?

STUDENT: It seemed like a science fiction ending. When it came to the end of the film you see a man wheeling a chair and no expression on his face at all. As I looked at him I wouldn't know if he was acting, if he was mad, or if he was happy and wheeling himself around the desk. And then it shows him back in the chair.

SO YOU REALLY FELT EMOTIONALLY KEYED UP IN THE END OF A CERTAIN EXTENT?

STUDENT: Yes, I felt an uncertain calm.

It was a suggestion, like what I can do, and really doing what I want. I was always sure of what I wanted to be, but then you see something like this. Can I tie in some of that work in with what I'm doing? And actually I could. In Music Education there's always a way of working with the mentally retarded children and it seems that if you play games or if you sing a song, that it would help. It made everybody think, "I'm not doing all I can; will I get satisfaction out of working this in with my profession?"

WELL, LET ME ASK YOU SOMETHING ABOUT THE JOB. MANY OF YOU DIDN'T KNOW THAT WE HAVE COUNSELORS--SUCH A THING AS A "REHABILITATION COUNSELOR" EXISTED BEFORE. THOSE OF YOU THAT DID KNOW, HAVE YOUR IDEAS ABOUT THE JOB CHANGED SINCE SEEING THE FILM? HOW MANY KNEW THE JOB EXISTED. . . . DOUG, NADINE, ELEANOR. ALTHOUGH YOU DIDN'T KNOW THAT IT EXISTED SPECIFICALLY. WELL, HAVE YOUR IDEAS CHANGED ABOUT THE JOB?

DOUG: No, I don't think they have. It showed specific cases and what they did.

ELEANOR: Well, I knew they existed. It's like the Encyclopedia Britannica; you don't know what's in it. I really hadn't had much contact about what it was all about, because there's so much being referred to people. I like being shown exactly what she does. And especially the black and white part. I felt that it was "low key" factual and almost documentary.

DID YOU FEEL THAT THE OCCUPATION OR THE JOB WAS MADE ATTRACTIVE?

ELEANOR: I don't think that the film was made to persuade people that it was attractive or not attractive. But just the fact that here they are, accept them, and make up your mind. The counselor wasn't giving a hard sell: "I'm doing a great job, this is what I love and you should do it too." On the other hand, he wasn't saying, "I don't get paid much or it's a lot of running around, and tired work and you're got your own problems to solve, and other people might disturb you sometimes."Just plain fact. This is what I do; you can make up your own mind.

DO YOU THINK THE JOB IS ATTRACTIVE AFTER SEEING THE FILM?

LES: Well, if you're the kind of person who likes to go out and help people that would be another way you could do it. I don't think this was emphasized enough.

YOU FEEL THAT IT WAS MORE DOCUMENTARY?

LES: Yes, I thought the whole thing was documentary, except the beginning.

LANY: I think it shows it could be rewarding.

THAT IT COULD BE IF YOU EVER INVESTED YOUR TIME IN IT. WOULD ANY OF YOU WHO WERE PREVIOUSLY UNCOMMITTED, WOULD YOU FEEL AFTER SEEING THIS THAT YOU MIGHT CONSIDER MOVING INTO SOMETHING LIKE THAT?

STUDENT: It did make me hesitate for a moment. I've been majoring in Biology, but I see something like this and I keep thinking that I'd really like to do some job like this, working with people. Biology, maybe it's the wrong field. I thought that for a minute I was doing the wrong thing.

HOW ABOUT ANYBODY ELSE?

STUDENT: For a while I thought that maybe I should go into something like this, but in the end I was sure I wouldn't. I don't know why, I just changed my mind. I thought that maybe they weren't accomplishing as much as I would like to.

WHAT PART OF THE FILM LED TO THE FEELING THAT THEY WEREN'T ACCOMPLISHING AS MUCH AS YOU WANTED THEM TO ACCOMPLISH.

STUDENT: Like the boy and the woman were having trouble holding a job, trying to put them into another job and other settings, without giving her a broader counseling or someone more capable of finding what's wrong.

IN OTHER WORDS WHEN YOU REALLY COME DOWN TO THE NITTY-GRITTY YOU FEEL THAT THESE PEOPLE NEED PSYCHO-THERAPY AND IT SHOULD BE HANDLED OR WASN'T BEING HANDLED BY THE REHABILITATION COUNSELOR?

STUDENT: Well, actually it was, but I think that maybe it just wasn't stated. But I felt that they just weren't doing the whole job, they were just starting something and not trying to finish.

ANYBODY ELSE HAVE ANYTHING TO SAY ABOUT THAT?

ELEANOR: Question: Why include small children like that in the film? When things are formed, you can't do anything, you're handicapped, and there's no hope for ever not being handicapped. I was kind of disturbed. Smiling faces and small children. I think that handicapped children might have too much shock value.

ELEANOR, YOU FELT THAT THERE MIGHT HAVE BEEN MORE REFERENCE TO SMALL CHILDREN AND THE WORK THAT REHABILITATION COUNSELORS DO WITH SMALL CHILDREN?
YOU'RE NOW WONDERING IF THE REHABILITATION COUNSELOR HAS ALREADY COME INTO CONTACT WITH SMALL CHILDREN?

DOUG: I think the film was mostly talking about allowing the handicapped to get jobs and how many small children do you have to place into a job situation.

YOU FEEL THE MAIN EMPHASIS OF THE FILM WAS ON FINDING JOBS AND USEFULLY EMPLOYING THE HANDICAPPED, AND THEREFORE SMALL CHILDREN REALLY WEREN'T PART OF THE EMPHASIS?

DOUG: In this film. I'm not talking about the rehabilitation field, just this film.

WE'VE COVERED MOST OF THE QUESTIONS. . . IN GENERAL HOW DID YOU LIKE THE FILM? DO YOU FEEL IT WAS A WORTHWHILE EXPERIENCE? A WORTHWHILE FILM? IN GENERAL WHAT WERE YOUR IMPRESSIONS AS FAR AS THE FILM WAS CONCERNED?

STUDENT: I felt that it was a good film because it wasn't run-of-the-mill, the same old stereo-type black and white film. About what the counselors are doing, and how much hope there is, and it showed things pretty much the way they are. Three different media; first, the abstract in the beginning; we really don't know. Then the color portion in the middle, observing, and the black and white face-to-face with them. It was a good film.

THAT'S ABOUT IT.

Appendix C

Group Discussion and Reaction of Undergraduate Students to the Film

2--Senior

Monday, April 29, 1968

Seniors

Jude J. O. Okolo	Economics
Patricia C. Jaworski	English Education
Caren Weinstein	Sociology
Jeffrey Perchick	Mathematics
Carol Goodsole	Psychology

QUESTIONS

1. GENERAL REACTION:
   1. Do you know what the purpose behind it was?
   2. What was good, what was bad, how would you change it?
   3. Production?
   4. Content?
   5. Photographic techniques (effect of black and white, introductory sequence)?
2. WHAT KIND OF INFORMATION DID YOU GET EXACTLY? SPECIFICALLY, WHAT GAVE YOU THIS INFORMATION (i.e. WHERE IN THE FILM DID YOU GET IT)?
   1. What did you learn that you did not know before?
   2. When did you get it?
   3. What is the philosophy behind rehab counseling?
   4. Training of a rehab counselor?
   5. What does he need to study--to know?
   6. Types of cases with which he deals?
   7. What kinds of disability?
   8. Types of people with whom he deals?
      clients?
      employers?
      doctors and rehabilitation staff?
   9. How does the counselor get referrals? From whom? (106).
   10. Basically, what does the counselor do? (p. 108) What are his goals? (p. 108)
   11. What are some of the purposes served by the rehab centers which are mentioned?
   12. What does he do over and above what a doctor can do?
3. WHAT WERE YOUR FEELINGS WHILE YOU WATCHED THE FILM?
   1. What triggered them off?
   2. Have your ideas about the job changed?
   3. Is the occupation attractive?
   4. Is the occupation less attractive?
   5. What were the things which made it more attractive?
   6. Would any of you, previously uncommitted, consider it as an occupation now?
4. GENERAL CUTOFF: Would you like to see it again, keeping what we have talked about in mind?

O.K. THE FIRST THING I AM KIND OF INTERESTED IN FINDING OUT IS WHAT YOUR GENERAL REACTION TO THIS FILM IS. DID ANYBODY HAVE ANY REACTIONS THEY'D LIKE TO EXPRESS? WELL, LET'S START WITH PAT THEN?

PAT: Well, I thought it was quite good, and you know, a good build-up and the gimmick at the beginning, the cartoon, that it was a quite serious build-up. It was good in the beginning.

GOOD, GOOD. CAN YOU TELL ME WHAT THE PURPOSE OF THE HEIGHT OF THE FILM WAS? DOES ANYBODY? YES.

JUDE: The purpose of it is to see that everybody has a place in society and that nobody is left out, and that nobody is rejected because of any natural deformity or anything of the sort. I enjoyed it; it was very educational. When people see that people take care of them like this, it makes them feel that somebody looks at them instead of feeling rejected. It is a very good movie.

WERE YOU DESCRIBING IT AS THE PHILOSOPHY BEHIND IT SORT OF, BEHIND THE REHABILITATION COUNSELOR?

JUDE: Yes, well I think it was stimulating. When people really see that someone takes care of them like this, there wouldn't be any feeling that they were left out. Some people have their interests in mind. I think that they wouldn't feel that they belong to the country, but that they belong to the society.

ANYBODY ELSE HAVE ANY IDEAS ABOUT THAT?

CAREN: Well, I think that if you see a movie like this, it sort of stimulates your interest in the profession. I never thought of rehabilitation before as a profession, and it just makes you realize that there are people who, without some sort of help, will just sort of turn into a vegetable and not contribute to society. They will let themselves go after an accident or a natural disformity or something. But with help, they can help themselves and help others too. And it sort of just makes you realize that there are people who are doing alot of good like this. And there are alot of people who need it too.

WELL WHAT ABOUT, WHAT ABOUT THE PRODUCTION OF THE FILM ITSELF?

CAREN: I think it's very well put together.

HOW, HOW ABOUT YOU JEFF?

JEFF: I thought that it was pretty good, and one point that I thought wasn't, and it sort of dragged out, was when they were explaining that the problem was so wide spread. I though they really overdid that quite a bit. It is certainly true that it is widespread, and does exist all the time, and it's really with us.

WHAT DO YOU MEAN?

JEFF: They kept on saying over and over again, "It's here, it's here; it's there, it's there, in fifty states." I don't think this sort of thing is necessary. I think the whole film might have had this sort of effect and the thing really dragged out.

DO YOU FEEL THAT PERHAPS THEY STRESSED TOO MUCH THE FACT THAT IT IS UBIQUITOUS, THAT THE PROBLEM DOES EXIST EVERYWHERE?

JEFF: Well, I think that in order to make the person watching the film aware of the problem it probably isn't necessary to go into it so much.

O.K. JEFF. HOW DOES ANYONE ELSE FEEL ABOUT THE ACTUAL PRODUCTION OF THE FILM? THE PHOTOGRAPHIC TECHNIQUES, FOR EXAMPLE, DO YOU HAVE ANYTHING TO SAY ABOUT THAT?

PAT: I thought it was very good; I didn't think it was dragged out at all. Like Caren mentioned, she never realized it before and if you want to make a point, you have to stress the issue for one thing. I have very positive reactions to the whole thing, except in one part where they showed the drunk out in the street. He wasn't handicapped, or they didn't imply that he was. They just showed him there as a drunk. He had a bottle in his hand, and he was pretty well dressed too.

RAZIK: May I say something here? Do you think that handicapped means physical handicap only?

PAT: Oh, no, no, no, no I didn't mean that at all. I just meant that there he was, he had a suit on, he was dressed rather well, and he had a bottle in his pocket.

RAZIK: In the case of this man his disability may be preventing him from keeping up with what he is doing. His level of employment is probably much less than what he is capable of being.

PAT: Wait, you said he was employed.

RAZIK: Employed in that he is selling pencils. Why?

PAT: Oh, I see.

RAZIK: Drinking is a disability until help is received. Probably he used to be working in a profession, but his drinking habits deteriorated his poor position. Review this partof the film.

WELL THE FACT REMAINS HOWEVER, THAT THE SCENE WITH THE DRUNK SELLING PENCILS. . .

PAT: It just seemed to be a little bit inconsistant with the rest of the movie.

I UNDERSTAND. HOW ABOUT ANYBODY ELSE? YES.

CAROL: I especially liked the buildup in the beginning, showing how, just by chance, two identical outside influences have such differences. The technical is so different in most people the building up of the, if we're describing a child, the build-up is beautiful, also quite logical. Very well done. There is a contrast throughout the entire production. The color around the hospital scene, in black and white with the counselor's routine, and then back to color. I like the contrast. In the beginning it is dragged out.

DOES ANYBODY ELSE HAVE ANYTHING THEY'D LIKE TO SAY ABOUT. . . YES, PAT.

PAT: I like the build-up, and after that the way it started out as a family unit and it brought it out to society, and also the appeal, when they showed these people's faces it brought you up close to them you could really see what these people were going through.

YOU LIKE SOME OF THE TECHNIQUES THEN? . . .THAT WERE USED?

PAT: Oh yes.

O.K. WELL, LET'S GO ON TO ANOTHER ASPECT OF IT. I AM INTERESTED IN FINDING OUT WHAT KIND OF INFORMATION EXACTLY YOU GET OUT OF THE PICTURE, AND AT WHAT POINTS YOU PICKED UP THIS INFORMATION, AND I HAVE A COUPLE OF QUESTIONS I'D LIKE TO ASK THE WHOLE GROUP ABOUT THAT, BUT FIRST OF ALL, LET'S START OFF AND WE'LL GO. . . WILL ANYBODY HERE PICK AT RANDOM? WHAT I'D LIKE TO KNOW IS JUST WHAT DID YOU LEARN THAT YOU DIDN'T KNOW BEFORE AS A RESULT OF SEEING THIS PICTURE? ANYBODY WANT TO START? WELL, WE'LL START THEN WITH JUDE.

JUDE: Well, personally, I didn't know that this counseling ever seemed so important. I didn't know that there was such a role in society. If you are considering the job of a professional humanitarian business, I think this is a very nice job. And it is a good way of coming to know the people you are dealing with, and know the people you live with, and play a role in the society where you live. This is my own feeling about the counseling service; I never knew anything about it before.

FINE, SO YOU GOT A LOT OF INFORMATION THEN, ABOUT THE PROFESSION ITSELF, AND YOU'VE BECOME ACQUAINTED WITH THE IDEA THAT THERE IS SUCH A PROFESSION?

JUDE: Yes.

HOW ABOUT JEFF?

JEFF: One thing I thought was very interesting, that I didn't know before, was that these counselors work together with complete medical staffs. . . they like to get different opinions.

I SEE.

JEFF: I wasn't sure of the other training that counselors have. Just that one person had a master's degree. They didn't emphasize what he is studying.

YES, WE'LL TALK ABOUT THAT A LITTLE LATER.

JEFF: What was his background to train people to get jobs in a trained psychological manner? I wasn't sure.

YOU FEEL THAT THE BACKGROUND, THE SPECIFIC TRAINING OF THE COUNSELOR MIGHT HAVE BEEN STRESSED A LITTLE MORE?

JEFF: Yes.

I SEE. O.K., CAREN HOW ABOUT YOU?

CAREN: Well, I agree with that, but you're not exposed to this, you know if you just go to a college or high school you're not exposed to the field, and I think you have to see a film like this to open it up to you. I think that was the basic educational quality of the film. Also, another thing I wasn't aware of before we said these counselors help emotionally handicapped people, you know, rather than just a psychoanalyst or you know, psychologically oriented field. I didn't know that they do work with emotionally handicapped as well as physically handicapped. I think that's very important. But I think the educational quality of the film was the profession itself.

FINE. HOW ABOUT YOU CAROL?

CAROL: Yes, I have been in hospitals and worked with these people, and I know the kind of educational background you have to have. So I wasn't really unaware of many things that were brought out. I especially like their bringing out two words, support and empathy, and this is very important, not only to have a person thinking of going into the counseling field. In other words, if you show this movie to an executive counselor, technical people, or if you showed it just to the lay public, I think that the movie was a good combination of technical training and hospital studying, but it also pointed out how just the common person, through his support and understanding of these people, can help, how the employer in this situation was able to help the client and how he did not understand the situation at first; with the counselor he became a vital link in the whole rehabilitation process.

THERE WAS ONE TIME WHEN IT WAS MENTIONED CAROL, THE TYPE OF COURSES THE COUNSELOR TAKES.

CAROL: Yes, strong behavioral sciences.

THAT'S RIGHT.

CAROL: But, as far as specific course work, no, and I liked that part left out, because this is just to give the person a glimpse and to sort of whet his appetite, so to speak. He could inquire further to get together in groups like this actually.

I SEE. ANYBODY ELSE HAVE ANYTHING TO SAY ABOUT THAT? WELL O.K. LET'S TALK ABOUT SOME OTHER THINGS IN ADDITION TO AREAS THAT NEEDED TO BE STUDIED. THAT IS TO SAY, THE BEHAVIORAL SCIENCES. SOMETIME IS SPENT IN TALKING ABOUT WHAT THE REHAB COUNSELOR NEEDS TO KNOW. CAN ANY OF YOU REMEMBER WHAT IT IS HE NEEDS TO KNOW? CAN YOU REMEMBER SPECIFICALLY WHEN THEY TALK ABOUT WHAT HE NEEDS TO KNOW?

CAROL: He needs to know his client; were you asking about not just the training or specific skills or anything? I just understood that he has to know the client and it is brought in strongly when the counselor was at the bedside of the former fireman. Now, the counselor does not have to know what goes into the training of a fireman, but he has to know other aspirations and to delve into the personality of this fireman to try to get something out of him, to find why he strongly desires to be a fireman which he can no longer be.

WELL, DO YOU FEEL THEN, DO YOU SAY THAT THE COUNSELOR DOES NOT HAVE TO KNOW WHAT GOES INTO THE TRAINING OF A FIREMAN? DOES EVERYONE AGREE?

JUDE: Well, I think that what I learned about, that the counselor has to know the person he is dealing with. So when he is conversing with the man, probably he will know how he was trained or how he came to be employed in that work.

I SEE. WHAT YOU'RE SAYING THEN, IS THAT MAYBE HE SHOULD KNOW HOW THE FIREMAN WAS TRAINED.

JUDE: He should know. Yes.

HE SHOULD KNOW HOW THE FIREMAN IS TRAINED SO HE MIGHT BE IN A POSITION TO ADVISE SOMEBODY ELSE TO GO INTO THE PROFESSION OF FIREFIGHTER IF THEY'RE QUALIFIED. BUT, I THOUGHT. . .

JUDE: Not necessarily. What I mean is if he said that he did not know, but from my own feeling I say that he should know all that works into training of the firefighter so that he would know where to start and advise him. But the firefighter might be complaining of the many aspects of what he is suffering. I didn't know what he suffered; I didn't know that to be trivial or something like that, and now that he is missing the job. By finding out how he was trained and all that went into training, the counselor might know how that applies to his feelings.

I SEE, I SEE.

RAZIK: You mean you would like to know his feelings in the teaching of the fireman, in order to get some of the things he will be able to do after his disability.

JUDE: Yes, that's what I mean.

YES, YES, BUT I WAS THINKING OF IT IN A DIFFERENT SENSE. I WAS THINKING OF THE FACT THAT IF THE COUNSELOR IS GOING TO ADVISE AND HELP AN INDIVIUDAL TO DEVELOP AND MOVE INTO A CERTAIN SPECIFIC AREA WHICH HE IS CAPABLE OF HANDLING, THEN THE COUNSELOR REALLY NEEDS TO KNOW A LITTLE MORE. HE NEEDS TO KNOW WHAT KIND OF TRAINING IS REQUIRED FOR WHAT AREAS SO HE CAN ADVISE BETTER. WELL, LET'S KEEP GOING HERE. I HAVE SOME OTHER QUESTIONS THAT I'D LIKE TO ASK.

JEFF: They said that the counselor not only listens but is able to hear. And this means, well I thought it meant, that he has to be able to get the patient, first of all, to speak out freely and then to take those parts of what the patient has said and turn it into himself. We have the case of the 18-year old boy who couldn't find a job, but the counselor was able to develop some rapport with the patient and found that that wasn't his real problem; his problem was a problem at home, probably. Where he felt he had to be self-sufficient for his parents.

WELL, THE COUNSELOR REALLY HAS TO MOVE BEYOND THE INITIAL OR THE SURFACE PROBLEM. I SEE, WELL WHAT KIND OF CASES DOES THE REHABILITATION COUNSELOR DEAL WITH? ANYBODY HAVE ANY IDEAS ON THIS? HOW ABOUT PAT?

PAT: Well, it didn't begin to make it that specific, it just seemed that people who need help, were able to come to these people, to the counselors, and ask for help. For anyone who needs help, not only the more physically disabled, it wasn't that specific. I thought that was a very good point to bring out.

WHAT DO YOU THINK BROUGHT THAT POINT OUT MOST OF ALL?

PAT: The fact that in some of the interviews that the counselor had, you aren't told exactly what sort of a disability the person had. It just mentioned that the person had a disability and the counselor was working with him trying to get him a job and trying to help him.

FINE. ANYBODY ELSE HAVE ANYTHING TO SAY ABOUT THE TYPES OF PEOPLE WITH WHOM THE COUNSELOR WORKS AS THIS FILM SHOWS IT?

CAREN: I got the impression that they help anybody that came asking for help or was referred to them, and if they couldn't help themselves, they were referred to another agency. You know, it just seems like a real social-type atmosphere where anybody that recognized that they had some kind of a problem or difficulty in life and things aren't going too smoothly or normally, and if they're willing to come and ask for help, which is one of the hardest steps to take, then the counselors would go out of their way to do a little bit of good for the person too. And, I think, you know, other than physically handicapped, it showed cases where emotionally handicapped people, like the girl that got a job as a nurses aide, and that she was working with the counselor, or rather with the girl who was a student. They were working with the counselor in emotional handicaps and this brought out the fact that it wasn't just physical disabilities; emotional disabilities, I think, are one of the most important things in society.

YOU MEAN EMOTIONAL DISABILITIES ARE ASSOCIATED WITH PHYSICAL DISABILITIES AS WELL?

CAREN: Yes.

I IMAGINE IT MUST BE RATHER DIFFICULT FOR AN AMPUTEE TO PSYCHOLOGICALLY. . . O.K., WELL NOW, LET ME ASK SOME OTHER QUESTIONS, AND IF YOU CAN, I'D LIKE SOME SPECIFIC ANSWERS IF POSSIBLE. WHAT TYPES OF PEOPLE DOES THE COUNSELOR DEAL WITH? NOW, I DON'T ONLY MEAN CLIENTS. I MEAN WITH WHOM DOES THE REHABILITATION COUNSELOR, ACCORDING TO THIS MOVIE, WITH WHOM DOES HE INTERACT, AND WHOM ELSE DOES HE USE AS RESOURCES AND WELL. . . LET'S CARRY IT FROM THERE. JEFF, OH YOU HAD YOUR HAND UP.

PAT: Well, colleagues for one, he consulted his colleagues and got explicit ones for a specific case. He also works with employers and potential employers for these people who are disabled; also he works with professional people, people who could perhaps help these people, not by giving them employment, but by giving them professional help, medical.

WHAT PART OF THE FILM GAVE YOU THIS INFORMATION?

PAT: When the professional people had their meetings, and the counselor came and had meetings with nurses, doctors, businessmen; he specifically stated that he had contacts with these people, so he could realize their needs and tried to work their needs with the people who are disabled. And sort of bring the two groups together somehow.

SO THAT WOULD BE THE OTHER PROFESSIONAL STAFF?

PAT: Right.

YOU MENTIONED EMPLOYERS. . .

PAT: Well, potential employers, employers that could hire people who are disabled.

I SEE. AND WHAT, SO WHAT DOES THE COUNSELOR DO WITH THESE PEOPLE?

PAT: Well, basically he talks to them and tries to make them understand the need for employing disabled people, and how this could be beneficial to the employer, as well as the disabled person.

ANYBODY ELSE HAVE ANYTHING TO SAY ABOUT THE TYPE OF PEOPLE WITH WHOM THE REHABILITATION COUNSELOR INTERACTS? WE'RE TALKING ABOUT CLIENTS, EMPLOYERS, AND PROFESSIONAL STAFF AS WELL. YES, JEFF.

JEFF: It just seems that they'll interact with anybody if you help give them a rapid picture of the client. Including the client himself, of course. As far as what Pat said about the employer, they also have to deal with the employer to help remove any prejudice he might have against hiring handicapped people.

O.K., NOW I HAVE ANOTHER QUESTION. AT ONE TIME IT MENTIONS REFERRALS. DOES EVERYBODY UNDERSTAND WHAT A REFERRAL MEANS? FROM WHOM DOES THE COUNSELOR GET REFERRALS? DO YOU HAVE AN ANSWER CAREN?

CAREN: It was mentioned in a part of the movie; I can't remember who they were referred from.

YOU DON'T REMEMBER WHO THE REFERRALS CAME FROM?

CAREN: You mean it was from another agency, right?

THAT'S ONE SOURCE OF REFERRALS.

CAREN: That's what I was thinking of in the movie.

CORRECT.

CAREN: Probably also from the family, and perhaps previous employers.

GOOD, PREVIOUS EMPLOYERS, FAMILY, ANOTHER AGENCY. ANY OTHER SOURCES OF REFERRALS?

CAREN: Schools.

SCHOOLS, THAT WAS MENTIONED. SCHOOL OFFICIALS, AND I SUPPOSE THAT WOULD ALSO INCLUDE THE SCHOOL NURSE AND TEACHER. THE HOSPITALS. ARE THERE ANY OTHER SOURCES OF REFERRALS THAT YOU CAN THINK OF RIGHT NOW? IT'S NOT IMPORTANT ANYWAY. I JUST WANTED TO SEE IF YOU COULD REMEMBER ANY OF THE SPECIFIC SOURCES THAT WERE. . .O.K., WE GO BACK A LITTLE BIT IN THE MOVIE, NOW YOU WILL REMEMBER MR. LAURICELLA MENTIONS SOMETHING ABOUT THE REHABILITATION CENTER WHERE HE WAS WORKING. THIS WAS RIGHT AFTER THE TURN TO THE BLACK AND WHITE. CAN YOU REMEMBER WHAT SOME OF THE PURPOSES SERVED BY THAT REHAB CENTER WERE, THE PURPOSES THAT MR. LAURICELLA MENTIONED?

PAT: I think one of them was to bring some meaning to the client's life through employment in a field where disabled people were able to do the work, instead of like making shoes and shining shoes and things like that.

ANY OTHER PURPOSES SERVED FOR MR. LAURICELLA AND ALSO FOR THE CLIENTS BY THE REHAB CENTER? YES, CAROL.

CAROL: When he was talking to those two women consulting with one another about rehab. I believe that a case history was in front of them and he was planning to go out and visit this patient and they were consulting first at the rehab center and he went out to the place of employment and he used it as a consulting center. He planned his attack or plan of approach dealing with the client who was out of the center.

GOOD. AS A SOURCE OF INFORMATION ABOUT THE CLIENT AND THE CLIENT'S BACKGROUND, ARE THERE ANY OTHER IDEAS ON THAT? WELL O.K. . . .

RAZIK: An idea here! When we have the girl who is working toward her master's degree, probably they are helping her help them, the patients, so she will have a good education in a department or agency and will add field work. She will get study at the University but she is getting internship here.

YES. FINE DR. RAZIK. . .THANK YOU. DOES THAT POINT COME ACROSS?

PAT: Yes, it did.

THE REHAB CENTER CAN SERVE AS A SOURCE OF FIELD WORK, AND PRACTICING. O.K., I DON'T WANT TO BE REPITITIOUS WITH ANY OF THE QUESTIONS AND THEY PROBABLY DO SOUND REPITITIOUS, BUT ITS ONLY PROBABLY BECAUSE I TOOK DOWN SOME NOTES WHILE I WAS WATCHING IT. MANY OF THE QUESTIONS ARE

ALREADY ANSWERED. CAN ANYONE TELL ME WHAT THE REHABILITATION COUNSELOR AND THIS MAY BE REPITITIOUS, DOES SPECIFICALLY, OVER AND ABOVE WHAT A MEDICAL DOCTOR CAN DO, AND WHAT THE MEDICAL TEAM CAN DO? JEFF?

JEFF: Well, for one thing, he deals with problems other than medical problems. He can't deal with medical problems; it's not his field.

SO HE THEN DEALS WITH PROBLEMS ASSOCIATED WITH MEDICAL PROBLEMS PERHAPS WHICH CANNOT BE HANDLED BY A DOCTOR?

JEFF: Well, for example, he deals with problems that might be psychological. The doctor could deal with them also, but the rehabilitation worker might deal with them in a different manner, from a different viewpoint.

SO WHAT IS HIS VIEWPOINT THEN?

JEFF: Well, where the doctor is dealing with him he would probably be a psychiatrist. It would be psychoanalytic. The rehab worker would just. . .I don't know exactly what he'd be doing, with psychological problems. I don't think the movie really said.

I THINK JUDE MIGHT HAVE ANSWERED THE QUESTION WHEN HE FIRST SPOKE, IN THE BEGINNING, WHEN HE WAS TALKING ABOUT REALLY WHAT THE PHILOSOPHY BEHIND REHAB COUNSELING IS.

JUDE: Well, I think that. . .the rehabilitation counselor is concerned with retraining; after the person has been handicapped, you will find out what you can do in your condition and when you find out what you can do, then you have advice on how to get training in the future and be employed. I think that is the important work of the rehabilitation center, finding the work and retraining. The fireman had lost his job as a fireman and cannot do that again; it is the duty of the rehabilitation center to find out what you can do, and they will retrain him in that, and the finding of employment.

O.K. JEFF FIRST.

JEFF: That wasn't really what I was referring to. They seem to make the point that before the client could be trained for another job he had to be set psychologically for a new job.

SO WE'RE TALKING ABOUT THE REHAB COUNSELOR DOING TWO THINGS. THEN. FINDING WHAT THE MAN IS CAPABLE OF DOING PHYSICALLY, AND PSYCHOLOGICALLY PREPARING THE MAN TO ASSUME THIS PHYSICAL ROLE.

JEFF: Well, what was vague to me was that the movie didn't really say how he went about doing it psychologically, which I guess wasn't really in the realm of the movie anyway.

RAZIK: Can I answer this.

YES, DR. RAZIK.

RAZIK: When Sam has 5 cases, I think the fifth case, the boy who could not create trust, I think trying to understand his problem from the psychological point of view can work. He didn't have any disability, therefore, he has some other problem. I don't know if this answers your question or not.

HOW ABOUT YOU CAREN? YOU WERE GOING TO SAY SOMETHING ABOUT A MINUTE AGO.

CAREN: Oh, yes, I was going to say that one of the important things is stimulating interest in the client toward a new occupation.

DID YOU OBSERVE THAT IN THE FILM?

CAREN: Yeah, especially when he was there talking to the fireman, to the ex-fireman, and you know, you sort of realized in the discussion with the patient, that he was going to gather from the client what he was interested in, and from this work around it so that he could stimulate and do something, you know, another channel where he could be productive, and would be happy.

FINE. ANYBODY ELSE HAVE ANY IDEAS ON THAT? YES, CAROL.

CAROL: One thing that really was brought out very strongly, I think maybe because of my psychology background, is just that not one of these people had a severe emotional disturbance, but if they had, they would be referred somewhere else. These were people that were disabled physically and mildly emotionally so that the rehab counselor is striving more for integration, whereas the medical doctor perhaps treats a more traumatic aspect. A psychiatrist, to my information, would go after the deep rooted problem and the woman associate pointed out as they were discussing the woman patient they don't go into the causes of her emotional set-back, but see how she works out and give her support right now.

YES, MORE PSYCHOTHERAPY ON THE PART OF THE PSYCHIATRIST, AND MORE SPECIFICALLY IN DEALING WITH THE SYMPTOMS AS FAR AS THE REHABILITATION COUNSELOR.

CAROL: The rehab counselor, I think, has more to work with, otherwise he wouldn't accept.

FINE, NOW. YES DOCTOR.

RAZIK: There are two points. "What kind of client he is working with," and "What kind of problem." I think the two problems are problems of environment and of age.

WHAT ABOUT THAT? WHAT ABOUT THAT? WHEN WE TALK ABOUT THE PROBLEM, WE'VE DISCUSSED THE ENVIRONMENT TO A CERTAIN EXTENT AND THAT INCLUDES THE DISABILITY. WHAT ABOUT AGE? DID THE FILM SAY ANYTHING TO YOU THAT YOU DIDN'T KNOW BEFORE? DID IT REFRESH YOUR MEMORY ON ANYTHING SPECIFICALLY TO DO WITH AGE IN REHABILITATION COUNSELING? O.K. CAROL.

CAROL: Well, the specific instance I can remember, is the man who had both arms amputated and had just finished the high school equivalency. I couldn't judge his exact age but he was well into his forties. He was just ready for his sophomore year in college. This was a definite age factor here, and they were working very well.

OVERCOMING SOME OF THE LIMITATIONS OF THE AGE HAS, IN OUR CULTURE, HAS. . .

CAROL: Yes, so, the age was definitely a factor here along with the disability. He had not been trained as a young man to do anything else, but with college training. . .

HOW ABOUT YOU PAT? DO YOU REMEMBER ANYTHING SPECIFICALLY THAT DEALT WITH AGE AS A SOURCE OF DIFFICULTIES?

WELL, LET ME TELL YOU A LITTLE BIT ABOUTIT. THE FILM IS DESIGNED TO DO MORE OR LESS WHAT YOU'RE TALKING ABOUT, CAREN, BUT I THINK IT IS, THAT IN ITS DESIGN IT'S ALSO AIMED AT JUST THE GENERAL PUBLIC, IN THE SENSE THAT IT'S A RECRUITMENT FILM. THAT IS, THE REHAB NEEDS COUNSELORS. NOW, THERE ARE NOT MANY PEOPLE WHO ARE FAMILIAR WITH REHAB COUNSELING. I PERSONALLY AM NOT A REHAB COUNSELOR. I AM A COUNSELOR EDUCATOR AND I EDUCATE REHAB COUNSELORS, BUT I DON'T WORK AS A REHAB COUNSELOR, AND I KNOW THERE WAS A FIELD LIKE REHAB COUNSELOR. I MIGHT WELL HAVE MOVED INTO THAT INSTEAD OF TAKING THE LONG TORTUROUS PATH THAT I TOOK, BUT LET'S GO ON NOW. THERE'S ANOTHER AREA WHICH I AM KIND OF INTERESTED IN AND WHICH I THINK WE SHOULD TALK ABOUT. A LOT OF THIS IS REPITITIOUS. I'D LIKE TO GET AT THE AFFECT, THE HUMANESS THAT THE FILM AROUSES, NOT THE SPECIFIC CONTENT ANYMORE, BUT RATHER HOW IT MAKES YOU FEEL AT DIFFERENT POINTS. WHAT WAS EFFECTED AND AROUSED IN YOU, AND WHAT WASN'T? WHAT TRIGGERED OFF YOUR FEELINGS? CAN WE START AND LOOK AT THAT AND START WITH PAT OVER HERE? I KNOW SOME OF THIS IS REPITITIOUS.

PAT: Well, there's one point in the movie that seemed to stand out most in my mind and that was when the rehab counselor was saying that society should not label these people as handicapped and that we should not create a new world, a new and different world, but we should accept these people into our own world and by understanding and cooperation and help them as much as possible. The idea also of labeling people goes back to the idea of stutterers. You know, some people stutter, and if you label them as such, they're going to develop this even more. If we try to take this label away from these disabled people, of being handicapped you know, a person who's crippled or something like that, they're going to resort back into the little world of their own they'll be alienated from the real world and they would just exist, not really live. I thought that was a very good point to bring about and very effective.

ARE THERE ANY OTHER AFFECTIVE AREAS IN THE MOVIE WHICH DID AFFECT YOUR FEELINGS, WHICH DID GENERATE FEELINGS IN YOU ? JEFF?

JEFF: I think that one idea that struck me was that people who need this rehabilitation need it just as a matter of fate; it isn't a matter of their own doing. The point was brought about in the game that here are people treated exactly the same way, and one was deformed in some respect and one wasn't. And the example was that people who are at work, may be injured at work not because of their own doing.

AT FIRST YOU WERE TALKING ABOUT THE OPENING SEQUENCE, WHICH WAS. . .

JEFF: Right, the comic strip.

RIGHT. AND THEN YOU SWITCHED TO THE POINT WHERE JUST IN THE BEGINNING OF THE FILM, THAT SHOWED PEOPLE WHO COULD BE INJURED AT WORK.

JEFF: But the idea is that this sort of thing could happen to anybody, and the injustice of the whole thing that struck me.

SO THAT. . .

JEFF: I think its very unfair.

SO THAT SOCIETY HAS A RESPONSIBILITY FOR THE INJURED?

PAT: Not so much age, but perhaps the idea of environment when the high school boy came for help and couldn't find a job. Well, his environment was home and he got the idea that he didn't want to go outdoors with his parents. But it gives the idea that perhaps there was some difficulty with the parents. They couldn't support him well, there was a mometary problem, and he needed to be self-sufficient, his parents couldn't afford to give him. . .

YES, O.K. JUDE.

JUDE: I don't know how I understood it. I didn't get any specific information about that. It didn't give any specific information about those environments.

YOU FEEL THAT THOSE TWO SCENES. . . GO AHEAD CAROL.

CAROL: I got specific information from that; they had given the specific state mentioned and then the country and then towns, villages, and cities uncounted and here was the farm house, one of those uncounted places completely, just nowhere and yet somewhere and here was a man who was nobody, yet somebody, and in the next scene he was one of the workers at the table and he was one of the participants and he was being helped even though he lived at the ranch, at the farm house, and was just nobody.

IS THIS THE MAN WITH ONE ARM?

CAROL: Yes, he was in the factory in the next scene and the group that she spoke of at the table. The information I got from that sequence.

BUT I THINK JUDE MENTIONS ANOTHER SEQUENCE TOO IN THE CAFETERIA, REMEMBER JEFF?

JEFF: I thought the one he meant was the one where it had the bunch of Negro men sitting on a bench alongside the wall of a building.

JUDE: That's what I meant.

WHAT DO YOU THINK THE MEANING OF THAT SCENE WAS? IS THERE A REASON FOR IT?

JEFF: The only thing I could see was the idea that there wasn't, that this can be done anywhere as a sort of work as far as how these people find jobs. It doesn't say anything about, it just mentions that the problem might be environmental, but it didn't say exactly what that might imply.

FINE. NOW, LET'S STOP FOR ONE MINUTE BECAUSE I WANT TO CHANGE THE TAPE RIGHT?

WHAT WAS THE QUESTION YOU ASKED? CAROL? LET ME STATE IT FOR YOU THEN. YOU ASKED ME THE AUDIENCE TOWARD WHICH THIS FILM WAS DIRECTED. SHOULDN'T THEY DETERMINE WHAT IS IN THE FILM? IS THAT WHAT YOU MEAN OR. . .

CAROL: Well, you spoke of Dr. Razik evaluating the film, and that he wanted a group of people to evaluate it and my question is, if that was made for a group of prospective rehab counselors, perhaps psych majors, social work majors, etc. evaluation would be entirely different than if the movie were made for a lay public, perhaps a high school group, and the purpose was to arouse their empathy for people in general. If it were made for employers it would be an education tool. This would all be a major factor in evaluation.

O.K. NOW, THAT WAS A QUESTION I WAS GOING TO ASK IN THE BEGINNING, AND I DID, BUT WE KIND OF DRIFTED AWAY FROM IT. WHO DO YOU THINK THIS FILM WAS MADE FOR? JEFF?

JEFF: I think the film was made for the general public. It could be for anybody. If the film was already intended toward, say the psychology major, or the social worker, it would have concentrated more on these aspects than it did. If it was for a psychology major, it probably would have been more technical in its terminology and it probably would have told more about exactly what the worker did, and more about his training.

O.K. SO YOU THINK IT WAS MADE JUST FOR CAROL'S. . .

JEFF: Because it had to be for anybody, I think.

O.K. NOW JUST A MOMENT. . .O.K., NOW HOW ABOUT YOU JUDE, WHO DO YOU THINK THE FILM WAS MADE FOR?

JUDE: Well, I support Jeff. It was made for everybody. I agree with the other lady that high schools, and psychologists, and the different groups would have different views about the movie. I think the best people to give it an evaluation are people who are neutral, like us whereas if you present this movie to people who are preparing for this counseling service, they would have a pre-formed opinion, and they wouldn't give it a genuine evaluation. If I have interests in economics, and you can't convince me that economics is not good, so you see, I see a movie on economics, whatever is in it, I think I will have a different opinion. I will like it, and while you are writing the movie, it is good see? So on my own side, I think the better people to evaluate it are people like us, who never hear anything about it, and who are neutral, and then we develop our interest from what we saw, in the movie. This is what I feel about it.

FINE. HOW ABOUT YOU PAT?

PAT: At first I thought it was the kind of thing that could be seen on TV where you'd have a large audience, a varied audience. Perhaps someone who is in trouble, you know, will see this and realize that they could go for help. If they didn't know the authority, people who didn't understand the problem, they could understand it. I think a lot of these could be used to show community groups, because these are definitely a community type of film. It was filmed in Buffalo; it was very obvious, Roswell Park, the State University of Buffalo.

CAREN: Did you want to know who we thought this was to be shown to?

YES, CAN YOU TELL ME?

CAREN: I think it would probably be very, very effective if shown to probably the introductory psychology classes or something, because these are people that potentially would get interested in this type of field, and it would arouse some interest. Like in an introductory psych class you go in and if you haven't had anything in psych before, you just don't know what to expect. And you know, like psych majors, who go to the university and know nothing about psychology, this would arouse their interest in a field like this. I think it would do a good job in making the profession grow. I think if it were shown in a course like that, seeing that it is a strictly university film, I think that that would probably be what it would be shown in. That's the idea I got; and it would be secondly shown to other people too.

JEFF: Oh, definitely,

ANYBODY ELSE FIND ANYTHING ESPECIALLY GOOD? JUDE?

JUDE: I didn't know whether I understood about empathy or sympathy. I think that by that he meant that we should cheer up the deformed and try to show them that we care. Instead of showing them that they're really deformed and that others are better than them, he should give them support, and show them that we're not necessarily giving them sympathy. But if you come into the hospital and see somebody who is seriously ill, the help you give him is to advise him, and not to cry or show him that the worst is in your mind, for that might worsen his position. See, this is what I learned. . . something about empathy and sympathy. That the handicapped needs empathy and not sympathy.

O.K. WERE THERE, WAS THERE ANYTHING ELSE THAT WAS ESPECIALLY AFFECTIVE?

CAREN: I think it aroused the feeling that counselors are so vital, you know, so necessary and something like this was sure to stick out in my mind, that we need people that are interested in the field and will become professional counselors. I think they are necessary for society.

WELL, HOW ABOUT THAT? HAVE YOUR IDEAS ABOUT THE JOB CHANGED AT ALL? ALRIGHT, CAROL?

CAROL: Mine definitely has; it's simply because I am a psych major who is undecided as to her vocation and had decided on something in research, and seeing a thing like this, I want to be a counselor. This is just a very personal deal, but I wish at least a dozen movies such as this could be made, well, a dozen in psychology at least, but in every field, for seniors and for some graduate students, who, as you say, don't know really what's out there, and you went into something other than rehab counseling, because you didn't know it was available. Such a marvelous education tool, and it has, really, I have glimpses of what a rehab counselor does. This has really awakened other feelings with my training.

RIGHT.

CAROL: I really appreciate it.

DOES ANYONE ELSE HAVE ANYTHING TO SAY ABOUT THAT? WELL, HOW ABOUT THE OCCUPATION? DID THE FILM MAKE THE OCCUPATION ATTRACTIVE? CAROL?

CAROL: Definitely; there were some reservations; they didn't glorify it. It very realistically shows the daily routine, which is anything but glamour. The surroundings were not luxurious suites; a businessman would have much nicer surroundings, but the counselor works with people, directly. One to one interaction; he is not stuck just behind the desk, he is out in the field talking with other people, all for the purpose of just getting one person, one person back and functioning individually. What's more important?

ANYBODY ELSE HAVE ANYTHING TO SAY? O.K. WELL, I AM JUST ABOUT READY TO FINISH THIS OFF. I JUST, I'D LIKE TO ASK YOU, IN ADDITION CAROL, IF THERE WERE, WHAT SORT OF THINGS IN THE FILM MADE THE OCCUPATION ATTRACTIVE, IF IT WAS MADE ATTRACTIVE? JEFF?

JEFF: Well, the first as Carol mentioned, the idea of getting satisfaction out of having done something. Another thing which is very attractive about it is that every case is somewhat unique, so that there isn't this day-in-day-out drudgery of a regular office job, or something like that.

HOW ABOUT YOU JUDE? YOU HAD YOUR HAND UP THERE FOR A MINUTE.

JUDE: Oh, yes. What I was about to say is that I saw that it's against the individual's code to meet the different types of people. Meeting the businessman and all these, actually, somebody has that as an occupation. He is friendly to everybody, has no enemies; he's an intermediary in many cases. Finding jobs, and meeting professors, he is a part of society as a whole. And there was a question you asked before about how much knowledge a person should have, I think he should have as much knowledge in every case almost as an economist, a sociologist, a psychiatrist or something like that, because he is working with all these things. By finding jobs for people who could not get employment easily he is increasing the productivity of the society as a whole. He betters or increases the income of the people at large. By meeting different people, and correlating relations between the lowest and highest group, he is an intermediary, see? So, I think that the job is a real nice one, and it is a free job.

YES, CAROL?

CAROL: Another thing that especially in our society in this day and age, the trend is definitely toward specialization. The rehab counselor is just a perfect spot for the generalist. As Jude said, to have a broad scope and a knowledge of everything but not be a specialist in anything which will narrow your own view of the particular client. That's what I find most attractive about the film and the specific occupation, is the chance to become a generalist.

HOW ABOUT SOME OF THE DISADVANTAGES? DO YOU THINK THE FILM PRESENTED A SQUARE CASE FOR THE DISADVANTAGES AS WELL? ANYBODY HAVE ANY ANSWER THERE? JEFF?

JEFF: I think that it tried not to. If there are any disadvantages they weren't made very visible.

YOU THINK THAT THE FILM PLAYED DOWN THE DISADVANTAGES OF THE JOB?

JEFF: Well, as you said before, the film might have a purpose of recruitment, and if it's going to do this it won't show the disadvantages of the occupation. I think that one disadvantage would be that every case brought up to the rehab worker is not solved, and many cases are not solved readily.

I SEE. WHAT YOU'RE SAYING IS THAT THE CASES WE SAW SEEMED TO BE CASES WHICH WERE SOLVED, THERE WAS A SOLUTION TO THEM, AT LEAST, AND THAT MANY OTHER CASES WEREN'T AND THIS MIGHT BE A DISADVANTAGE IN THAT IT MIGHT BECOME FAIRLY DISCOURAGING.

JEFF: Also, it, if it happened for you that some cases aren't solved, then it makes those cases that are solved, that much more rewarding, for the worker. So it works both ways.

HOW ABOUT YOU CAREN?

CAREN: I was going to say practically the same thing. In one case that I was remembering in the movie they were working with the emotional counselor, and they were talking about a case where a woman had been placed in an office or a position, and that quickly, because of some circumstances that would be normal ordinarily, but just brought out her emotional difficulty, she quit the job. And they were looking for another case that could be frustrating, to place someone in some employment and then to have her quit or be fired or something. That could be frustrating and if it continues, it could be a great disadvantage, but I think the advantages terrifically outweighed the disadvantages in the movie. I think the rewarding aspect of helping somebody get back on their feet was glorified in the movie, not glorified to make it, you know, a professional. . .or something you know, like Bonnie & Clyde or something.

JUDE: Well, the other point you mentioned, I believe referred to the disadvantages of the occupation. I don't think so. To me, in the movie, there's not an assured disadvantage in the occupation. What you mentioned in the first case is a disadvantage to the client of the handicap, and not of the profession, as I saw it. See?

PAT? DO YOU SEE ANY DISADVANTAGES IN THE OCCUPATION AS THEY FLASHED ACROSS THE SCREEN?

PAT: Well, one might be the time element, realizing that there are so many people that need all this help, and that you want to help them, and do not have time. There's just so much you can do.

O.K. CAROL.

CAROL: One thing they didn't bring out too clearly. The time element involved with individual patients, they never mentioned that at all, and this is probably possible, but the disadvantage I see eclipsed in all this is that if you are a dynamic, impatient person who wants immediate results, you won't get it. It is a very slow, slow process. But, this was not brought out specifically in this movie; it did not tell how long it took this woman to be placed and how much counseling went before, how long she was in the job and how long they were continuing. This thing would be helpful just in a general way.

YOU WOULD GIVE A FAIRER PICTURE TO ANY PROSPECTIVE COUNSELOR, A REHAB COUNSELOR.

CAROL: And how many patients he has.

CASELOADS.

CAROL: Right. This was not brought out and again would be most helpful.

O.K. I REALLY DON'T HAVE ANY MORE AREAS THAT I WANTED TO QUESTION ANY OF YOU. I THINK I'D BE CORRECT IN SAYING, WOULD I NOT, THAT MOST OF YOU FEEL THAT, FOR PREVIOUSLY UNCOMMITTED PEOPLE, THIS FILM MIGHT WELL MAKE THEM CONSIDER THE OCCUPATION NOW. IS THAT, DO YOU ALL AGREE ON THAT? THAT IT DOES A FAIRLY EFFECTIVE JOB? O.K. THAT'S IT. OUR TIME IS UP, OR IF YOU'D LIKE TO, WE CAN SEE THE FILM AGAIN, IF ANY OF YOU WOULD LIKE TO LOOK AT IT AGAIN. IS ANYONE INTERESTED IN SEEING IT A SECOND TIME? NO. WELL, ALRIGHT FINE THAT'S IT THEN. THANK YOU VERY MUCH. I APPRECIATE THIS.

Appendix D

Form 1

Cognitive Scale

State University of New York at Buffalo
Instructional Communication Center
Research Project SRS No. RD-1981-G-67-C1

I.D. Number:

Experimental - Control
0 1

Sex: Female - Male
0 1

Year of School:
- 0 (High School)
- 1 Freshman
- 2 Sophomore
- 3 Junior
- 4 Senior

Major:
1
2
3
4
5
6

Questionnaire - Form 1

This is a questionnaire to assess information available about rehabilitation counseling. It consists of items with four or five possible responses to each. Read each item carefully. In some cases you may feel that more than one response is possible. However, please circle only the one which you believe is the best response for each item.

1. Disability is primarily a result of:
   - (1) Disease
   - (2) Luck
   - (3) Heredity
   - (4) War casualties
   - (5) Carelessness
2. When persons become disabled, the most they can hope for is to:
   - (1) Receive care and sympathy
   - (2) Manage the best they can
   - (3) Receive training in special vocations
   - (4) Receive financial help from welfare agencies
   - (5) To live a full life
3. The rehabilitation counselor's principal source for helping the disabled is:
   - (1) A counseling center
   - (2) His profession
   - (3) Hospital and medical services
   - (4) His sympathy and understanding
4. One of the most important things that a disabled person must learn is to:
   - (1) Protect himself
   - (2) Know himself
   - (3) Accept his plight and need for care
   - (4) Get along with other disabled people
5. When working with disabled persons, a counselor's major resources are:
   - (1) Knowledge, training, and empathy
   - (2) Sympathy, understanding, and education
   - (3) Knowledge, understanding, and sympathy
   - (4) Sympathy, training, and cooperation
6. The best way to prepare for a career in rehabilitation counseling is:
   - (1) Practical on-the-job experience
   - (2) Clinical internship in an agency
   - (3) Personal experience with disability
   - (4) Graduate study and training

7. In the case of a 28-year old woman with a history of leaving jobs over incidents such as teasing by male co-workers, the rehabilitation counselor would most likely engage in:
    (1) Intensive psychotherapy
    (2) Intensive counseling related to sex roles
    (3) Vocational counseling
    (4) Support for day-to-day occupational problems
    (5) Exploring occupations where such factors would not be present
8. Follow-up contacts by the rehabilitation counselor with his client are most likely to take place:
    (1) In the client's work location
    (2) In the counselor's office
    (3) At a hospital or a clinic
    (4) By telephone or by mail
9. A client's adjustment or maladjustment to his disability is often indicated by:
    (1) Employer-employee relations
    (2) Ability to accept other disabled individuals
    (3) Willingness to accept any job
    (4) Punctually for counseling sessions
10. The major reason for attempting to rehabilitate disabled persons is:
    (1) Society needs more available workers
    (2) They must be able to support themselves
    (3) They have the right to be helped
    (4) Keeping the disabled active prevents boredom
    (5) The disabled can become contributors to rather than supported by taxes
11. In an initial interview the problem that the client presents to the counselor is usually:
    (1) What is really bothering the client
    (2) One of finding suitable employment
    (3) Not what is really bothering the client
    (4) The desire for independence from parental control
12. With regard to disability, one would conclude that:
    (1) For an adult, the chances of becoming disabled are small
    (2) Many disabilities result from chance
    (3) Modern medicine is a safeguard against disability
    (4) Education will help prevent disability
    (5) Disabilities are frequently associated with hereditary factors

13. Major force for the current rehabilitation movement can be attributed to the:
    (1) Guilt of modern man
    (2) Values and attitudes of modern man
    (3) Economic and industrial needs
    (4) Increases in the number of disabled individuals
    (5) Influence of psychological developments

14. The first interview with a disabled person is important because it provides the rehabilitation counselor with an opportunity to:
    (1) Obtain a personal history
    (2) Evaluate the client's disability
    (3) Discuss the purposes of rehabilitation counseling
    (4) Help the client through vocational counseling
    (5) Establish a relationship with the individual

15. The primary purpose of the "on-the-job" discussion between the counselor and the disabled person is to:
    (1) Provide the person with encouragement
    (2) Evaluate the person's relations with his employer
    (3) Solve the person's emotional problems connected with the job
    (4) "Smooth-out" the relationship between the person and his employer
    (5) Determine the appropriateness of the job placement

16. One of the most important things that a disabled person must learn is to:
    (1) Protect himself
    (2) Know himself
    (3) Accept his plight and need for care
    (4) Get along with other disabled people

17. When working with disabled persons, a counselor's major resources are:
    (1) Knowledge, training, and empathy
    (2) Sympathy, understanding, and education
    (3) Knowledge, understanding, and sympathy
    (4) Sympathy, training, and cooperation

18. The Division of Vocational Rehabilitation, which employs many rehabilitation counselors, is financed by:
    (1) County and city appropriations
    (2) State and federal appropriations
    (3) Fees paid by clients
    (4) United Fund and county appropriations

19. The primary purpose of an initial counseling interview is to:
    (1) Convince the client of his need for counseling
    (2) Comfort the client so he will become responsive
    (3) Help the client find suitable employment
    (4) Allow the client to discuss his problems and goals

20. The attitude of the rehabilitation counselor should be one of:
    (1) Sympathy
    (2) Understanding
    (3) Consolation
    (4) Protection
    (5) All of the above

21. The preparation most useful to the rehabilitation counselor is his:
    (1) Knowledge of theory and research
    (2) Inservice training in vocational testing
    (3) Professional work experience
    (4) Disgnostic ability and skills
    (5) Intuition and educated guesses

22. Will it be you?
    (1) Yes, I would seriously consider becoming a Rehabilitation Counselor
    (2) I am undecided
    (3) I would like more information
    (4) No, I don't feel that I would be interested in becoming a Rehabilitation Counselor

Appendix D

Form 2

Affective Scale

Forms A and B

Questionnaire - Form 2

The purpose of this questionnaire is to identify impressions about the field of rehabilitation counseling. There are no correct or wrong responses. What we need are your reactions to the following statements with reference to this field.

The scales should be used as follows:

If you believe that the field of rehabilitation counseling is very closely related to the description on the left, you should place your check mark as follows:

poor salary _X_:___:___:___:___:___:___ good salary

This means that you believe the field of rehabilitation counseling offers a very poor salary.

If you believe that the field of rehabilitation counseling is quite closely related to the description on the left, you should place your check mark as follows:

poor salary ___:_X_:___:___:___:___:___ good salary

If you believe that the field of rehabilitation counseling is closely related to the description on the left, you should place your check mark as follows:

poor salary ___:___:_X_:___:___:___:___ good salary

If you believe that the field of rehabilitation counseling is only slightly related to the description on the left, place your check mark as follows:

poor salary ___:___:___:_X_:___:___:___ good salary

Or, if you believe the rehabilitation field offers good salary, you can indicate the degree of relation on the right side of the line.

It is important that you make your checks in the middle of spaces and not on the dots.

Be sure you check every scale.

Year College 1 2 3 4

Major Field_______________

Form 2A

My impressions about the field of rehabilitation counseling are:

Illustrative
Scale:

very closely : quite closely : closely : only slightly | only slightly : closely : quite closely : very closely

↓ ↓

nonprofessional ____:____:____:____:____:____:____:____ professional

uninteresting ____:____:____:____:____:____:____:____ interesting

unrewarding ____:____:____:____:____:____:____:____ rewarding

undemanding ____:____:____:____:____:____:____:____ demanding

loosely structured ____:____:____:____:____:____:____:____ highly structured

low prestige ____:____:____:____:____:____:____:____ high prestige

limited opportunities ____:____:____:____:____:____:____:____ open opportunities

occupation I would not pursue ____:____:____:____:____:____:____:____ occupation I would pursue

highly subjective ____:____:____:____:____:____:____:____ highly objective

unappealing working environment ____:____:____:____:____:____:____:____ appealing working environment

non-humanistic ____:____:____:____:____:____:____:____ humanistic

non-intellectual ____:____:____:____:____:____:____:____ intellectual

non-challenging ____:____:____:____:____:____:____:____ challenging

depressing ____:____:____:____:____:____:____:____ pleasant

non-scientific ____:____:____:____:____:____:____:____ scientifically based

Form 2B

My impressions about the disabled are:

Illustrative Scale

very closely : quite closely : closely : only slightly | only slightly : closely : quite closely : very closely

untrainable	____:____:____:____:____:____:____:____	trainable
existence	____:____:____:____:____:____:____:____	full life
different	____:____:____:____:____:____:____:____	similar
dependent	____:____:____:____:____:____:____:____	independent
accepted	____:____:____:____:____:____:____:____	avoided
unemployable	____:____:____:____:____:____:____:____	employable
supported by others	____:____:____:____:____:____:____:____	self-supporting
limited potential	____:____:____:____:____:____:____:____	unlimited potential
uncooperative	____:____:____:____:____:____:____:____	cooperative
undependable	____:____:____:____:____:____:____:____	dependable
unrealistic expectations	____:____:____:____:____:____:____:____	realistic expectations
non-cliquish	____:____:____:____:____:____:____:____	cliquish
follower	____:____:____:____:____:____:____:____	leader
lazy	____:____:____:____:____:____:____:____	hardworking
despairing	____:____:____:____:____:____:____:____	aspiring
no discrimination	____:____:____:____:____:____:____:____	subject to discrimination
unrestricted	____:____:____:____:____:____:____:____	restricted
unpleasant	____:____:____:____:____:____:____:____	pleasant
menial occupations	____:____:____:____:____:____:____:____	salaried occupations
useless	____:____:____:____:____:____:____:____	useful
I am indifferent	____:____:____:____:____:____:____:____	I am concerned

Appendix E

Analysis of Variance-Affective

Scale I--Impression About Rehabiliation Counseling

TABLE 1

Analysis of Variance of Affective I-1 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	19.75	8.48	.0038
Sex (B)	1	24.07	10.3339	.0014
Education (C)	2	1.85	.79	.45
A x B	1	.48	.21	.65
A x C	2	3.25	1.40	.25
B x C	2	.27	.11	.89
A x B x C	2	2.33	.99	.37
Error	556	2.32		
Total	567	54.32		

TABLE 2

Analysis of Variance of Affective I-2 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	9.14	3.95	.0474
Sex (B)	1	60.48	26.14	.0001
Education (C)	2	5.10	2.20	.1113
A x B	1	.05	.02	.8811
A x C	2	2.81	1.21	.2976
B x C	2	.46	.20	.8199
A x B x C	2	.38	.17	.8476
Error	556	2.31		
Total	567	80.73		

TABLE 3

Analysis of Variance of Affective I-3 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	6.64	4.86	.0279
Sex (B)	1	31.89	23.35	.0001
Education (C)	2	.58	.42	.6544
A x B	1	.04	.03	.8669
A x C	2	1.09	.80	.4502
B x C	2	.99	.73	.4829
A x B x C	2	.88	.64	.5270
Error	556	1.37		
Total	567	43.48		

TABLE 4

Analysis of Variance of Affective I-4 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.02	.02	.8796
Sex (B)	1	21.39	20.86	.0001
Education (C)	2	4.13	4.03	.0183
A x B	1	.30	.29	.5900
A x C	2	4.03	3.93	.0202
B x C	2	1.44	1.40	.2470
A x B x C	2	.24	.24	.7888
Error	556	1.03		
Total	567	32.58		

TABLE 5

Analysis of Variance of Affective I-5 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	2.35	.76	.3833
Sex (B)	1	16.37	5.30	.0217
Education (C)	2	2.47	.80	.4495
A x B	1	2.11	.68	.4086
A x C	2	2.87	.93	.3957
B x C	2	.39	.13	.8802
A x B x C	2	5.07	1.64	.1947
Error	556	3.09		
Total	567	34.72		

TABLE 6

Analysis of Variance of Affective I-6 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	1.51	.73	.3946
Sex (B)	1	82.41	39.54	.0001
Education (C)	2	2.30	1.10	.3326
A x B	1	.22	.10	.7473
A x C	2	3.97	1.91	.1498
B x C	2	2.44	1.17	.3112
A x B x C	2	.49	.23	.7909
Error	556	2.08		
Total	567	95.42		

TABLE 7

Analysis of Variance of Affective I-7 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	23.85	8.34	.0041
Sex (B)	1	118.25	41.38	.0001
Education (C)	2	6.40	2.24	.1075
A x B	1	.006	.002	.9643
A x C	2	1.85	.65	.5231
B x C	2	10.13	3.54	.0296
A x B x C	2	.43	.15	.8616
Error	556	2.86		
Total	567	163.776		

TABLE 8

Analysis of Variance of Affective I-8 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	11.59	2.70	.1010
Sex (B)	1	113.45	26.43	.0001
Education (C)	2	17.70	4.12	.0167
A x B	1	5.52	1.29	.2575
A x C	2	.84	.20	.8228
B x C	2	8.15	1.90	.1508
A x B x C	2	2.55	.59	.5529
Error	556	4.29		
Total	567	164.09		

TABLE 9

Analysis of Variance of Affective I-9 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	9.61	2.20	.1389
Sex (B)	1	8.94	2.04	.1535
Education (C)	2	6.29	1.44	.2385
A x B	1	.64	.15	.7026
A x C	2	3.25	.74	.4763
B x C	2	5.19	1.19	.3061
A x B x C	2	1.01	.23	.7932
Error	556	4.38		
Total	567	39.31		

TABLE 10

Analysis of Variance of Affective I-10 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	64.82	20.87	.0001
Sex (B)	1	24.85	8.00	.0049
Education (C)	2	20.23	6.52	.0016
A x B	1	7.67	2.47	.1167
A x C	2	1.33	.43	.6527
B x C	2	.03	.01	.9919
A x B x C	2	.69	.22	.8011
Error	556	3.11		
Total	567	122.73		

TABLE 11

Analysis of Variance of Affective I-11 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.001	.001	.9705
Sex (B)	1	3.48	3.89	.0491
Education (C)	2	.01	.01	.9857
A x B	1	.22	.24	.6243
A x C	2	1.57	1.76	.1732
B x C	2	.25	.28	.7594
A x B x C	2	.40	.45	.6381
Error	556	.90		
Total	567	6.831		

TABLE 12

Analysis of Variance of Affective I-12 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	1.00	.64	.4250
Sex (B)	1	9.38	5.98	.0148
Education (C)	2	.01	.01	.9857
A x B	1	2.11	1.35	.2463
A x C	2	4.12	2.63	.0731
B x C	2	1.53	.98	.3771
A x B x C	2	2.74	1.75	.1756
Error	556	1.57		
Total	567	22.46		

TABLE 13

Analysis of Variance of Affective I-13 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.76	.72	.3970
Sex (B)	1	27.07	25.49	.0001
Education (C)	2	2.67	2.52	.0818
A x B	1	.47	.44	.5073
A x C	2	.24	.23	.7953
B x C	2	.79	.75	.4749
A x B x C	2	.65	.61	.5432
Error	556	1.06		
Total	567	33.71		

TABLE 14

Analysis of Variance of Affective I-14 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	38.52	11.37	.0008
Sex (B)	1	3.31	.98	.3233
Education (C)	2	1.75	.52	.5964
A x B	1	.46	.14	.7119
A x C	2	3.33	.98	.3745
B x C	2	1.83	.54	.5830
A x B x C	2	.89	.26	.7691
Error	556	3.39		
Total	567	53.48		

TABLE 15

Analysis of Variance of Affective I-15 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.51	.21	.6434
Sex (B)	1	.15	.06	.8002
Education (C)	2	1.16	.48	.6170
A x B	1	.72	.30	.5826
A x C	2	.84	.35	.7040
B x C	2	4.63	1.94	.1454
A x B x C	2	2.49	1.04	.3543
Error	556	2.39		
Total	567	12.89		

Appendix E

Analysis of Variance--Affective

Scale II--Impression About the Disabled Person

TABLE 16

Analysis of Variance of Affective II-1 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	1.87	1.77	.1837
Sex (B)	1	12.26	11.65	.0007
Education (C)	2	.38	.36	.6953
A x B	1	.13	.12	.7253
A x C	2	2.09	1.98	.1388
B x C	2	1.89	1.79	.1673
A x B x C	2	.50	.47	.6231
Error	556	1.05		
Total	567	20.17		

TABLE 17

Analysis of Variance of Affective II-2 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	2.70	1.57	.2106
Sex (B)	1	12.69	7.38	.0068
Education (C)	2	.39	.23	.7956
A x B	1	4.60	2.67	.1026
A x C	2	2.63	1.53	.2175
B x C	2	.87	.50	.6043
A x B x C	2	1.81	1.05	.3502
Error	556	1.72		
Total	567	27.41		

TABLE 18

Analysis of Variance of Affective II-3 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	26.29	7.34	.0070
Sex (B)	1	6.86	1.92	.1669
Education (C)	2	1.08	.30	.7399
A x B	1	8.76	2.45	.1184
A x C	2	.65	.18	.8337
B x C	2	17.59	4.91	.0077
A x B x C	2	1.29	.36	.6977
Error	556	3.58		
Total	567	66.10		

TABLE 19

Analysis of Variance of Affective II-4 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	9.75	3.62	.0576
Sex (B)	1	6.32	2.35	.1260
Education (C)	2	.45	.17	.8456
A x B	1	.06	.02	.8798
A x C	2	2.52	.93	.3921
B x C	2	.16	.06	.9439
A x B x C	2	1.28	.48	.6221
Error	556	2.69		
Total	567	23.23		

TABLE 20

Analysis of Variance of Affective II-5 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.99	.23	.6339
Sex (B)	1	1.75	.40	.5267
Education (C)	2	.45	.17	.8456
A x B	1	2.79	.64	.4242
A x C	2	9.46	2.17	.1149
B x C	2	3.98	.92	.4011
A x B x C	2	9.90	2.27	.1039
Error	556	4.35		
Total	567	33.67		

TABLE 21

Analysis of Variance of Affective II-6 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.89	.56	.4561
Sex (B)	1	7.91	4.95	.0265
Education (C)	2	.12	.08	.9269
A x B	1	.38	.24	.6251
A x C	2	1.40	.88	.4162
B x C	2	10.58	6.63	.0015
A x B x C	2	1.15	.72	.4873
Error	556	1.60		
Total	567	24.03		

TABLE 22

Analysis of Variance of Affective II-7 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	17.65	6.56	.0107
Sex (B)	1	.25	.09	.7596
Education (C)	2	.25	.09	.9119
A x B	1	.79	.29	.5887
A x C	2	.55	.20	.8167
B x C	2	5.43	2.02	.1338
A x B x C	2	12.19	4.53	.0112
Error	556	2.70		
Total	567	39.81		

TABLE 23

Analysis of Variance of Affective II-8 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	3.27	1.03	.3107
Sex (B)	1	11.49	3.62	.0578
Education (C)	2	.32	.10	.9039
A x B	1	.55	.17	.6771
A x C	2	3.81	1.20	.3027
B x C	2	2.97	.93	.3934
A x B x C	2	4.27	1.34	.2615
Error	556	3.18		
Total	567	29.86		

TABLE 24

Analysis of Variance of Affective II-9 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	9.79	6.10	.0138
Sex (B)	1	7.07	4.41	.0363
Education (C)	2	.77	.48	.6198
A x B	1	.26	.16	.6889
A x C	2	.59	.37	.6936
B x C	2	7.33	4.57	.0109
A x B x C	2	2.33	1.45	.2344
Error	556	1.60		
Total	567	29.74		

TABLE 25

Analysis of Variance of Affective II-10 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	1.46	.97	.3250
Sex (B)	1	1.74	1.16	.2825
Education (C)	2	.11	.07	.9285
A x B	1	1.64	1.09	.2973
A x C	2	.26	.17	.8414
B x C	2	2.67	1.77	.1721
A x B x C	2	3.01	2.00	.1370
Error	556	1.51		
Total	567	12.40		

TABLE 26

Analysis of Variance of Affective II-11 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.19	.11	.7437
Sex (B)	1	3.37	1.90	.1683
Education (C)	2	.30	.17	.8450
A x B	1	.004	.002	.9621
A x C	2	.66	.37	.6882
B x C	2	6.60	3.72	.0248
A x B x C	2	6.99	3.95	.0199
Error	556	1[illegible]77		
Total	567	1[illegible]384		

TABLE 27

Analysis of Variance of Affective II-12 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	1.17	.32	.5729
Sex (B)	1	4.97	1.34	.2465
Education (C)	2	4.29	1.16	.3137
A x B	1	1.68	.46	.4998
A x C	2	3.29	.89	.4109
B x C	2	5.07	1.37	.2540
A x B x C	2	8.53	2.31	.1000
Error	556	3.70		
Total	567	32.70		

TABLE 28

Analysis of Variance of Affective II-13 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	4.50	1.58	.2100
Sex (B)	1	.12	.04	.8363
Education (C)	2	.69	.24	.7859
A x B	1	.39	.14	.7121
A x C	2	2.62	.92	.4011
B x C	2	3.73	1.31	.2716
A x B x C	2	6.22	2.18	.1144
Error	556	2.86		
Total	567	21.13		

TABLE 29

Analysis of Variance of Affective II-14 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	2.32	1.61	.2057
Sex (B)	1	4.39	3.04	.0819
Education (C)	2	.93	.64	.5271
A x B	1	1.35	.93	.3348
A x C	2	2.49	1.72	.1794
B x C	2	2.54	1.76	.1732
A x B x C	2	1.89	1.31	.2710
Error	556	1.44		
Total	567	17.35		

TABLE 30

Analysis of Variance of Affective II-15 Test Scores.

Source	df	M.S.	F.	P
Treatment (A)	1	.35	.14	.7079
Sex (B)	1	9.40	3.81	.0515
Education (C)	2	.66	.27	.7658
A x B	1	4.65	1.88	.1705
A x C	2	.94	.38	.6846
B x C	2	2.34	.95	.3883
A x B x C	2	3.62	1.47	.2313
Error	556	2.47		
Total	567	24.43		

TABLE 31

Analysis of Variance of Affective II-16 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	8.18	2.05	.1532
Sex (B)	1	12.96	3.24	.0723
Education (C)	2	1.45	.36	.6958
A x B	1	5.00	1.25	.2637
A x C	2	5.14	.29	.2774
B x C	2	6.33	1.58	.2060
A x B x C	2	.27	.07	.9357
Error	556	4.00		
Total	567	43.33		

TABLE 32

Analysis of Variance of Affective II-17 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	.08	.03	.8695
Sex (B)	1	.40	.13	.7199
Education (C)	2	.48	.15	.8567
A x B	1	2.95	.96	.3275
A x C	2	1.15	.37	.6877
B x C	2	2.13	.69	.5012
A x B x C	2	3.77	1.23	.2946
Error	556	3.07		
Total	567	14.03		

TABLE 33

Analysis of Variance of Affective II-18 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	7.58	3.58	.0590
Sex (B)	1	9.66	4.57	.0331
Education (C)	2	.83	.39	.6755
A x B	1	.09	.04	.8378
A x C	2	2.40	1.13	.3234
B x C	2	6.76	3.19	.0419
A x B x C	2	4.67	2.20	.1113
Error	556	2.12		
Total	567	34.11		

TABLE 34

Analysis of Variance of Affective II-19 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	4.17	1.44	.2301
Sex (B)	1	23.86	8.25	.0043
Education (C)	2	1.06	.37	.6934
A x B	1	.002	.001	.9795
A x C	2	2.94	1.02	.3619
B x C	2	3.29	1.14	.3216
A x B x C	2	19.15	6.62	.0015
Error	556	2.89		
Total	567	57.362		

TABLE 35

Analysis of Variance of Affective II-20 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	2.31	1.77	.1842
Sex (B)	1	22.57	17.28	.0001
Education (C)	2	.49	.38	.6861
A x B	1	.94	.72	.3962
A x C	2	.16	.13	.8817
B x C	2	1.72	1.32	.2692
A x B x C	2	1.98	1.51	.2210
Error	556	1.31		
Total	567	31.48		

TABLE 36

Analysis of Variance of Affective II-21 Test Scores

Source	df	M.S.	F.	P
Treatment (A)	1	10.74	4.18	.0413
Sex (B)	1	98.86	38.52	.0001
Education (C)	2	7.81	3.04	.0485
A x B	1	.01	.003	.9588
A x C	2	2.60	1.01	.3635
B x C	2	4.49	1.75	.1750
A x B x C	2	1.70	.66	.5159
Error	556	2.57		
Total	567	128.78		

Appendix F
Influence of the Film on Vocational Choice
Questionnaire

Rank the following occupations from 1 (high) to 6 (low) in order of your personal preference.

______Engineer

______Clinical Psychologist

______Musician

______Physicist

______Accountant

______Industrial Executive

Rank the following occupations from 1 (high) to 6 (low) in order of your personal preference.

______Banker

______Dentist

______Artist

______Lawyer

______Rehabilitation Counselor

______Natural Conservationist